Bloodborne Pathogens

Training

FOR JANITORIAL EMPLOYEES

OSHA COMPLIANT

The Janitorial Store
CERTIFIED
BLOODBORNE PATHOGENS CLEANING
TECHNICIAN

The Janitorial Store

www.TheJanitorialStore.com

Bloodborne Pathogens Training for Janitorial Employees

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Important: Section 18 of the Occupational Safety and Health Act of 1970 (the Act) encourages States to develop and operate their own job safety and health programs.

Twenty-five states, Puerto Rico and the Virgin Islands have OSHA-approved State Plans and have adopted their own standards and enforcement policies. For the most part, these States adopt standards that are identical to Federal OSHA. However, some States have adopted different standards applicable to this topic or may have different enforcement policies.

It is advised that you review those standards within your own state.

Table of Contents

Introduction

Every business that employs or has contact with people carries some risk of being exposed to the hazards of bloodborne pathogens.

OSHA has established a guideline to protect workers who, as a result of doing their job, could come in contact with blood or other potentially infectious material.

Key Definitions

Amniotic Fluid: The amniotic fluid is the protective liquid contained by the amniotic sac of a gravid amniote. This fluid serves as a cushion for the growing fetus, but also serves to facilitate the exchange of nutrients, water, and biochemical products between mother and fetus.

Blood-borne pathogens: Microorganisms present in human blood that can cause disease in humans. These include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency deficiency virus (HIV).

Parenteral: A piercing of mucous membranes or the skin barrier by means of a needle stick, human bite, cut and/or abrasion.

Exposure incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from doing one's job.

Universal precautions: An infection control approach whereby all human blood and certain body fluids are treated as if they were known to be infectious for HIV, HBV or other blood borne pathogens.

Capillary Tubes: A capillary tube is a very thin tube made of a rigid material, such as plastic or glass. The tubes are used to collect samples of liquids, which will flow up into the tubes against the effects of gravity in a process called capillary action. They are commonly

used in medical and research fields to extract very small samples of liquids to be analyzed, such as blood samples for diabetics, or to transport them to other devices, such as Petri dishes or microscopes, for further study or experimentation.

Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Desiccation: Desiccation is the state of extreme dryness, or the process of extreme drying. A desiccant is a hygroscopic (attracts and holds water) substance that induces or sustains such a state in its local vicinity in a moderately sealed container.

Engineering Controls: Controls that isolate or remove the bloodborne pathogens hazards from the workplace. Examples of controls include: sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps injury protections or needleless systems.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand washing Facilities: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV: Hepatitis B virus.

HCV: Hepatitis C virus.

HIV: Human immunodeficiency virus.

Needleless Systems: A device that does not use needles for the collection of body fluids or the 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.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials, or OPIM: OPIM includes:

- human body fluids
- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV-containing cell or tissue cultures
- organ cultures
- HBV-containing cultures
- blood, organs, or other tissues from experimental animals infected with HIV or HBV

Parenteral: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Percutaneous: In surgery, a percutaneous procedure is any medical procedure or method where access to inner organs or other tissue is done via needle -puncture of the skin, rather than by using an "open" approach where inner organs or tissue are exposed (typically with the use of a scalpel).

Pericardial Fluid: Pericardial fluid is the serous fluid secreted by the serous layer of the pericardium into the pericardial cavity. The pericardium consists of two layers, an outer fibrous layer and the inner serous layer. This serous layer has two membranes which enclose the pericardial cavity into which is secreted the pericardial fluid.

Peritoneal Fluid: Peritoneal fluid is a liquid made in the abdominal cavity which lubricates the surface of tissue that lines the abdominal wall and pelvic cavity. It covers most of the organs in the abdomen.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard.

Pleural Fluid: Pleural fluid is a thin, transparent fluid produced in the area around the lungs that helps them expand and contract effortlessly. In a normal, healthy body the fluid is constantly produced and replaced, but some medical conditions can cause a person to have a build-up of too much fluid.

Production Facility: A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Prophylaxis: measures designed to preserve health and prevent the spread of disease.

Regulated Waste:

- 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

Research Laboratory: A laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to:

- hospital and clinic patients
- clients in institutions for the developmentally disabled
- trauma victims
- clients of drug and alcohol treatment facilities
- residents of hospices and nursing homes
- human remains
- individuals who donate or sell blood or blood components

Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

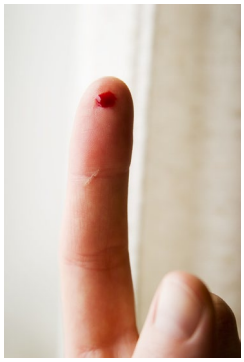
Titer: the strength of a solution or the concentration of a substance in solution as determined by titration.

Universal Precautions: An approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Exposure Incidents

What is an exposure incident?
An exposure incident includes any accident, injury, or near miss that occurs that has the potential to result in the exposure to human body fluids, tissues, or other potentially infectious materials.



OSHA's definition of an occupational exposure
A reasonably anticipated skin, eye, mucous membrane, or skin puncture contact with blood, semen, vaginal secretions, cerebrospinal fluid, or amniotic fluid that may result from job performance of an employee's duties such as needle-sticks, human bites, cuts and abrasions, blood contact, or other potentially infectious materials.

Common causes of exposure
Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. This can occur through a number of pathways, such as:

- An accidental puncture by a sharp object contaminated with the pathogen. "Sharps" include objects such as:

  - needles
  - scalpels
  - broken glass
  - razor blades
- Open cuts or skin abrasions coming in contact with contaminated blood or body fluids
- Sexual contact
- Indirect transmission (a person touches dried or caked on blood and then touches the eyes, mouth, nose or an open cut) (HBV only)

OHSA Defined Potentially Infectious Materials
Other Potentially Infectious Materials (OPIM) include the following human body fluids:

- Semen
- Vaginal secretions
- Cerebrospinal fluid (fluid surrounding the brain and spinal cord)
- Synovial fluid (fluid surrounding bone joints)
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva in dental procedures
- Any body fluid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids

Other Potentially Infectious Materials (OPIM) also include:

- Any unfixed tissue or organ (other than intact skin) from a human, or non-human primate (living or dead)
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions
- Blood, organs or other tissues from experimental animals infected with HIV or HBV.
- Any pathogenic microorganism
- Human cell lines

3 Common Exposures

Hepatitis C
The most common bloodborne infection in the U.S. is hepatitis C. The hepatitis C virus (HCV) can cause a contagious disease that can severely damage your liver. However most people don't know they have it until the disease has already damaged the organ.

Hepatitis B
The most dangerous bloodborne pathogen is the hepatitis B virus (HBV), which causes a life-threatening liver disease. There is a vaccination to prevent hepatitis B.

HIV
The most well-known disease caused by bloodborne pathogens is AIDS (acquired immunodeficiency syndrome), which is caused by the human immunodeficiency virus (HIV). AIDS destroys the human immune system so that it can't fight disease.

Who is at Risk of Exposure?

At-Risk Occupations: Some occupations have a higher risk of exposure to bloodborne pathogens than others, including all health care workers, housekeeping and janitorial workers, first aid responders, research lab workers and public safety workers such as firefighters and law enforcement personnel.

Other workers assigned duties putting them at risk of occupational exposure include:

- Medical waste handlers
- Laundry workers
- Blood bank personnel
- Dentists and dental workers
- Tattoo/body piercing artists
- Paramedics
- Emergency medical technicians
- Medical examiners
- Morticians
- Teachers or school staff

Personal Protective Equipment




Employers who anticipate that their employees may be exposed to blood or other potentially infectious materials in the workplace are required to educate workers about bloodborne pathogens and give them access to personal protection equipment such as gloves, masks, safety glasses, body coverings and safe systems to dispose of contaminated material.

One way the employer can protect workers against exposure to bloodborne pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), is by providing and ensuring they use personal protective equipment, or PPE. Wearing appropriate PPE can significantly reduce risk, since it acts as a barrier against exposure. Employers are required to provide, clean, repair, and replace this equipment as needed, and at no cost to workers. PPE must be readily accessible to workers and available in appropriate sizes.

Personal protective equipment may include; gloves, gowns, lab coats, eye protection such as face shields or masks, mouthpieces, resuscitation bags, or other ventilation devices.
The PPE selected must be appropriate for the task. This means the level and type of protection must fit the expected exposure. For example, gloves may be the only PPE needed for a laboratory technician who is drawing blood.

In the case of janitorial workers who may be exposed to bloodborne pathogens while cleaning restrooms, gloves and protective goggles should be worn. A janitorial worker cleaning an

operating room after surgery would need even more protective clothing because of the different types of exposure such as splashes and the increased amount of blood that is encountered.

Following are additional recommendations for PPE:

- Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

- The employer shall clean or launder PPE if required, and repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

- If a garment you are wearing is penetrated by blood or other potentially infectious materials (OPIM), remove the garment 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 shall be worn when it can be reasonably anticipated that the employee may have contact with blood and other potentially infectious materials.

- Disposable (single use) gloves such as examination gloves shall be replaced as soon as practical when contaminated if they are torn or punctured.

- Disposable (single use) gloves shall not be washed or decontaminated for re-use.

- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

- Shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated. For example, cleaning surgery rooms.

- Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated.

- Appropriate protective clothing such as, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Respirators
A respirator is a device designed to protect the wearer from inhaling harmful dusts, fumes, vapors, and/or gases. Respirators come in a wide range of types and sizes. Respirators range from inexpensive single-use, disposable masks to reusable models with replaceable cartridges.

There are two main categories of respirators:
1. The air-purifying respirator, which forces contaminated air through a filtering element
2. The air-supplied respirator, in which an alternate supply of fresh air is delivered. Within each category, different techniques are employed to reduce or eliminate noxious airborne contents.

Examples of respirators are:

Emergency Respirator
- An emergency respirator is used for evacuation or rescue in situations involving respiratory hazards. They are generally intended for short-time use of approximately 15 to 30 minutes.

Air-Purifying Respirators
- This respirator allows air to pass through an air-purifying filter that removes any harmful contaminants. It purifies environmental oxygen, but does not have an independent oxygen supply.

Self-Contained Breathing Apparatus
- This is the type of respirator used by fire fighters. It has a limited air supply that is generated from a tank worn on the back and attached to a face mask.

Atmosphere-Supplying Respirator
- This type of respirator is used in situations where oxygen levels are low or to prevent exposure to toxic vapors.

Particulate Respirators
- The N95 respirator is the most common particulate filtering respirator. It filters at least 95% of airborne particles but is not resistant to oil.
- Health care workers wear particulate respirators to protect against airborne pathogens by filtering particles out of the air they are breathing. Janitorial workers may use this type of respirator when using certain chemicals. Be sure to check SDS sheet for appropriate PPE.

Engineering and Work Practice Controls

Administrative or engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

- Engineering or administrative controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- Employers or building owners shall provide hand washing facilities that are readily accessible to employees.

- Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- 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 in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Wash your hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- Never pick up items like broken glass with your bare hands.

- Always wear appropriate personal protective items such as gloves, eye protection, etc.
- Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or if needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

- Contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
    - Puncture resistant
    - Labeled or color-coded
    - Leak proof on the sides and bottom

- Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

- Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

- Shearing contaminated needles is prohibited.

- Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.

- The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped.

- If outside contamination of the primary container occurs, the primary container shall be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping; and is labeled or color-coded according to the requirements of this standard.

- Equipment that may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

- A readily observable label for contaminated equipment shall be attached to the equipment stating which portions of the equipment remain contaminated.

Occupational Exposures

OSHA estimates that 8 million workers in the health care industry and related occupations such as janitorial workers are at risk of occupational exposure to bloodborne pathogens.

Housekeeping

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

All dust pans, bins, pails, cans, and similar items intended for reuse, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Picking up and disposing of blood-saturated items

- All fluids and materials that could be infectious should be considered potentially infectious materials.
- Always use the proper personal protective equipment (PPE).
- Never use your bare hands to pick up blood-saturated items.
- Use tongs or forceps when picking up sharps or blood-saturated items.
- When handling blood-saturated items or cleaning in an area of infectious pathogens keep your hands away from your nose, mouth, and eyes.

Contaminated laundry

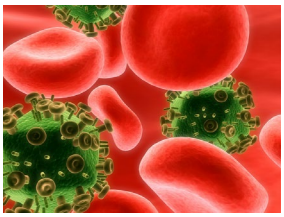
- Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- Contaminated laundry shall be placed and transported in red bags or red containers or containers labeled with fluorescent orange or orange-red, with lettering and symbols in a contrasting color.
- When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
- Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.
- When a facility ships contaminated laundry off-site to a second facility that does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers that are labeled or color-coded.

Discarded Feminine Hygiene Products

Soiled feminine hygiene, sanitary napkins, and soiled facial tissues are not considered a biohazard or medical waste. Pretreatment is not necessary; however, employees should wear personal protective equipment and wash hands with antibacterial soap when handling these items.

- OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste.

- The intended function of products such as sanitary napkins is to absorb and contain blood.
- The absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood.



- OSHA expects these products to be discarded into waste containers that are properly lined with plastic or wax paper bags.
- It is the employer's responsibility to determine the existence of regulated waste.

Biohazard Identification

Warning labels shall be affixed to containers of regulated waste, such as refrigerators and freezers containing blood or other potentially infectious material (OPIM). Warning labels shall also be affixed to containers used to store, transport or ship blood or other potentially infectious materials (OPIM).

- These labels shall be fluorescent yellow, orange or orange-red, with lettering and symbols in a contrasting color.
- Red bags or red containers may be substituted for labels.
- Labels required for contaminated equipment shall be fluorescent yellow, orange or orange-red, with lettering and symbols in a contrasting color and shall also state which portions of the equipment remain contaminated.
- Regulated waste that has been decontaminated need not be labeled or color-coded.

Transmittable Diseases

The most common diseases transmittable by blood are hepatitis B, hepatitis C, and HIV-AIDS.

HIV

Human immunodeficiency virus (HIV) is a genus of slow viruses of the retroviridae family that causes acquired immunodeficiency syndrome (AIDS), a condition in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive.

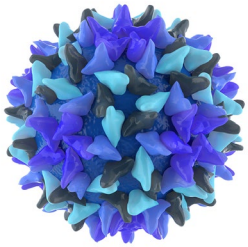
Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells. The five major routes of transmission are:

- Unsafe sex
- Contaminated needles
- Blood
- Breast milk
- Transmission from an infected mother to her baby at birth

Here are the facts:

- From its discovery in 1981 to 2006, AIDS killed more than 25 million people
- HIV infects about .6% of the world's population

- In 2009, AIDS claimed an estimated 1.8 million lives, down from a global peak of 2.1 million in 2004
- Approximately 260,000 children died of AIDS in 2009



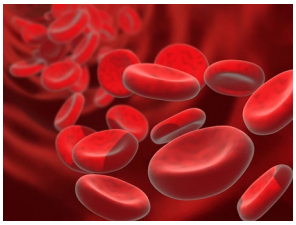
Signs and symptoms
Infection with HIV is associated with a progressive decrease of the T cell count and an increase in viral load, the level of HIV in the blood. The stage of infection can be determined by measuring the patient's T cell count and viral load.

The stages of HIV infection are acute infection, latency and AIDS.

- Acute infection lasts for several weeks and may include symptoms such as fever, swollen lymph nodes, sore throat, rash, muscle pain, and mouth and esophageal sores.
- The latency stage involves few or no symptoms and can last anywhere from two weeks to twenty years or more, depending on the individual.
- AIDS, the final stage of HIV infection, is defined by low T cell counts (fewer than 200 per microliter), various opportunistic infections, cancers and other conditions.

Only 58 cases of confirmed occupational HIV transmissions to health care personnel have been reported in the United States. There is currently no publicly available vaccine for HIV or AIDS.

Hepatitis B
Hepatitis B is an infectious illness caused by hepatitis B virus (HBV), which infects the liver and causes an inflammation called hepatitis.



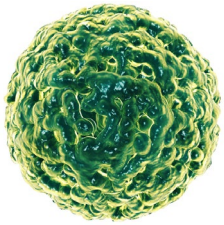
- More than 2 billion people in the world have been infected with the hepatitis B virus.
- There are 350 million chronic carriers of the virus; 1.25 million in the U.S.
- Transmission of hepatitis B virus results from exposure to infectious blood or body fluids such as semen and vaginal fluids, while viral DNA has been detected in the saliva, tears, and urine of chronic carriers with high titer DNA in serum.
- Other risk factors for developing HBV infection include working in a health care setting, transfusions and dialysis, acupuncture, tattooing, extended overseas travel and residence in an institution.
- Hepatitis B viruses cannot be spread by casual contact, such as holding hands, sharing eating utensils or drinking glasses, breast-feeding, kissing, hugging, coughing, or sneezing.
- The acute illness causes liver inflammation, vomiting, jaundice and rarely, death.
- Chronic hepatitis B may eventually cause liver cirrhosis and liver cancer.
- The infection is preventable by vaccination.
- Hepatitis B vaccine is a vaccine developed for the prevention of hepatitis B virus infection.
- The first vaccine became available in 1981.
- A course of three vaccine injections are given with the second injection at least one month after the first dose and the third injection given six months after the first dose.
- These vaccines are given intramuscularly.

Hepatitis B Vaccination for Janitorial Workers

- Hepatitis B vaccination shall be made available after the employee has received the training required and within 10 working days of initial assignment to all employees who have occupational exposure risk, unless the employee has previously received the complete hepatitis B vaccination series.
- Employees are free to decline the hepatitis B vaccination. If an employee declines, they must sign a Hepatitis B Vaccine Declination form.
- If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). It is the most common chronic bloodborne infection in the United States and is primarily transmitted through large or repeated direct percutaneous exposures to blood.



- Most people who are chronically infected are not aware of their infection because they are not clinically ill.
- Infected people can infect others and are at risk for chronic liver disease or other HCV-related chronic diseases.
- Currently there is no vaccine against hepatitis C.

Noroviruses

Noroviruses are a group of related, single-stranded RNA, non-enveloped viruses that cause acute gastroenteritis in humans. The most common symptoms of acute gastroenteritis are diarrhea, vomiting, and stomach pain. Norovirus is recognized as the leading cause of foodborne-disease outbreaks in the United States.

Noroviruses spread from:

- Person to person
- Through contaminated food or water
- By touching contaminated surfaces

Outbreaks can happen to people of all ages. Norovirus can make people feel extremely ill and vomit or have diarrhea many times a day, although most people get better within 1 to 2 days.

Dehydration can be a problem among some people with norovirus infection, especially the very young, the elderly, and people with other illnesses. Noroviruses are highly contagious, and outbreaks are common due to the ease of transmission. People with norovirus are contagious from the moment they begin feeling ill to at least 3 days and perhaps for as long as 2 weeks after recovery.

Norovirus can spread rapidly in closed environments like daycare centers and nursing homes, so the best protection is frequent hand washing. Wash your hands carefully with soap and

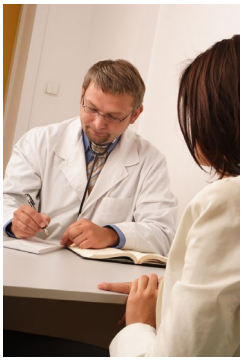
water, especially after using the toilet, and always before eating or preparing food. People who are infected with norovirus should not prepare food for others while they have symptoms and for 3 days after they recover from their illness.

- After an episode of illness, such as vomiting or diarrhea, immediately clean and disinfect contaminated surfaces by using a bleach-based household cleaner as directed on the product label.
- Immediately remove and wash clothing or linens that may be contaminated with vomit or fecal matter.
- There is no vaccine to prevent norovirus infection, and there is no specific drug to treat people with norovirus illness.
- Rehydration is important for infected people—they must drink plenty of liquids to replace fluid lost through vomiting and diarrhea.

If Exposure Occurs

If an exposure occurs involving a needle stick or other potential exposure to a bloodborne pathogen.

1. Stop what you were doing!
2. Cleanse the wound and surrounding area with soap and water (for a needle stick), or flush eyes, nose or mouth with plentiful amounts of tap water (for a splash to the face).
3. Immediately report it to your supervisor.
4. Seek immediate medical attention.



Your supervisor will need the following information:

- Date and time of exposure.
- Job duty or procedure being performed at the time of the incident.
- Detailed description of the incident, including specific information such as which safety devices were being used, the amount and type of fluid, method of exposure, and extent and duration of contact.
- Decontamination procedures used.

It is vital that you report the exposure in order to receive medical attention and evaluation. This evaluation will be performed by a licensed physician, or another appropriately trained and licensed healthcare professional.

Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the routes of exposure, and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by

law, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status;
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Counseling and Evaluation of Reported Illnesses

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of 1910.1030(f)(3) regulation, and a confidential medical evaluation and follow-up.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available; and all medical records relevant to the appropriate treatment of the employee including vaccination status, which are the employer's responsibility to maintain.

Healthcare Professional's Written Opinion:

- The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- That the employee has been informed of the results of the evaluation; and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Needle Stick Injuries

What are needle stick injuries?

- Needle stick injuries are wounds caused by needles that accidentally puncture the skin.
- Needle stick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles.
- When not disposed of properly, needles can become concealed in linen or garbage and injure other workers who encounter them unexpectedly.

Why do janitorial workers need to worry about needle stick injuries?

- Every year 600,000 to 1,000,000 needle stick injuries occur in the United States, and despite published guidelines and training programs, needle stick injuries remain an ongoing problem.
- Needle stick injuries transmit infectious diseases, especially bloodborne viruses.
- Needle stick injuries can occur not only with freshly contaminated sharps, but also, after some time, with needles that carry dry blood. While the infectiousness of human immunodeficiency virus (HIV) and hepatitis C (HCV) decreases within a couple of hours, hepatitis B (HBV) remains stable during desiccation and infectious for more than a week.
- In 2001, the Federal Needle Stick Safety and Prevention Act was created. This law requires employers to provide safer medical devices such as retractable needles, which may eliminate all accidental needle sticks.

If you suffer an accidental contaminated needle stick injury, you should immediately wash the wound thoroughly with soap and water, and then report it to your supervisor. Do not hesitate. Universal precautions require that all blood and other body fluids be treated as though they were contagious.

In the wake of a needle stick injury, your employer should provide you with post-exposure prophylaxis in an effort to prevent your contracting HIV. Several tests also need to be conducted. Such tests may have to be done at intervals over a period of several months to make sure that your needle stick injury does not lead to HIV, hepatitis B (HBV), hepatitis C (HCV) or any of approximately 20 other bloodborne diseases.

Recordkeeping for Needle Stick Injuries

Sharps injury log
The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses.

The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee.
The sharps injury log shall contain, at a minimum:

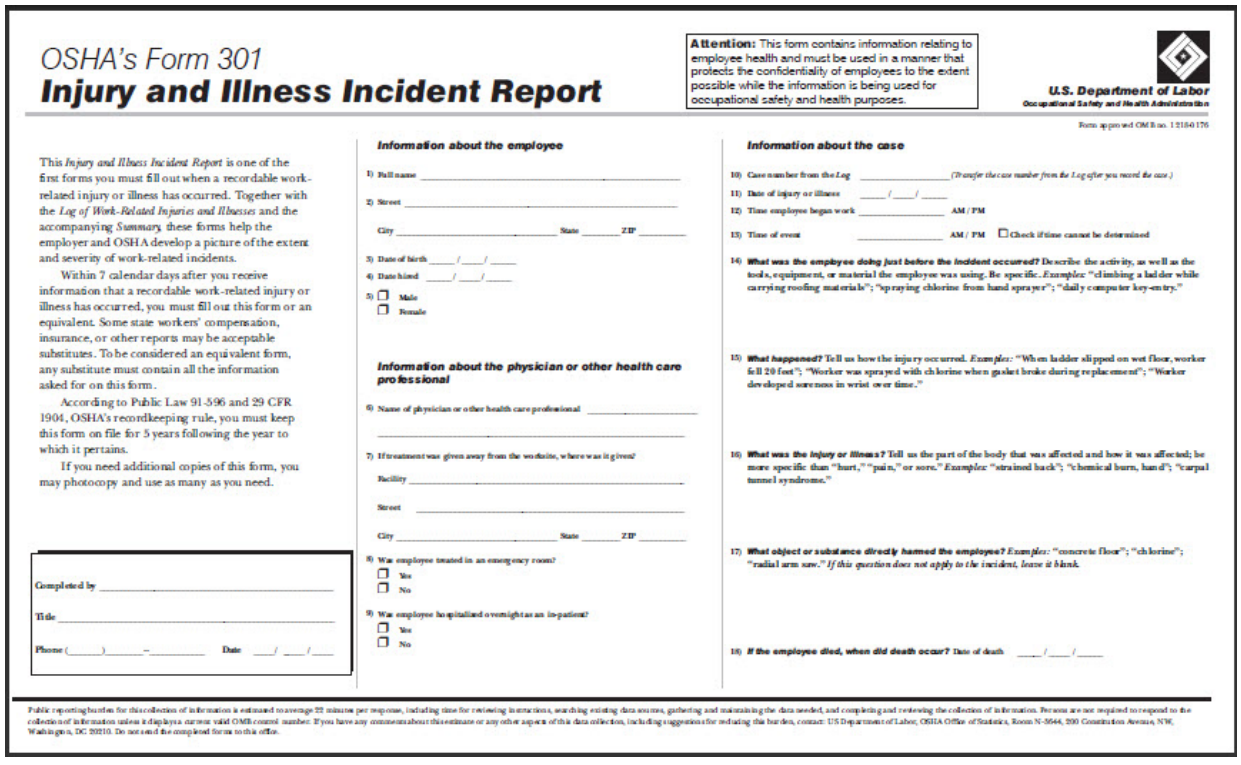
- The type and brand of device involved in the incident
- The department or work area where the exposure incident occurred
- An explanation of how the incident occurred

The sharps injury log shall be maintained for the period of 30 years.

OSHA Forms 301, 300, and 300A

OSHA Form 301 is the Injury and Illness Incident Report.

This is one of the first forms you must fill out when a recordable work related injury or illness has occurred. Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.



OSHA's Form 301

Injury and Illness Incident Report

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.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____) _____–_____ Date ___/___/___

Information about the employee

1) Full name _____

2) Street _____

City _____ State _____ ZIP _____

3) Date of birth ___/___/___

4) Date hired ___/___/___

5) ☐ Male ☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional _____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ State _____ ZIP _____

8) Was employee treated in an emergency room? ☐ Yes ☐ No

9) Was employee hospitalized overnight as an in-patient? ☐ Yes ☐ No

Information about the case

10) Case number from the Log _____ *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness ___/___/___

12) Time employee began work _____ AM / PM

13) Time of event _____ AM / PM ☐ Check if time cannot be determined

14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

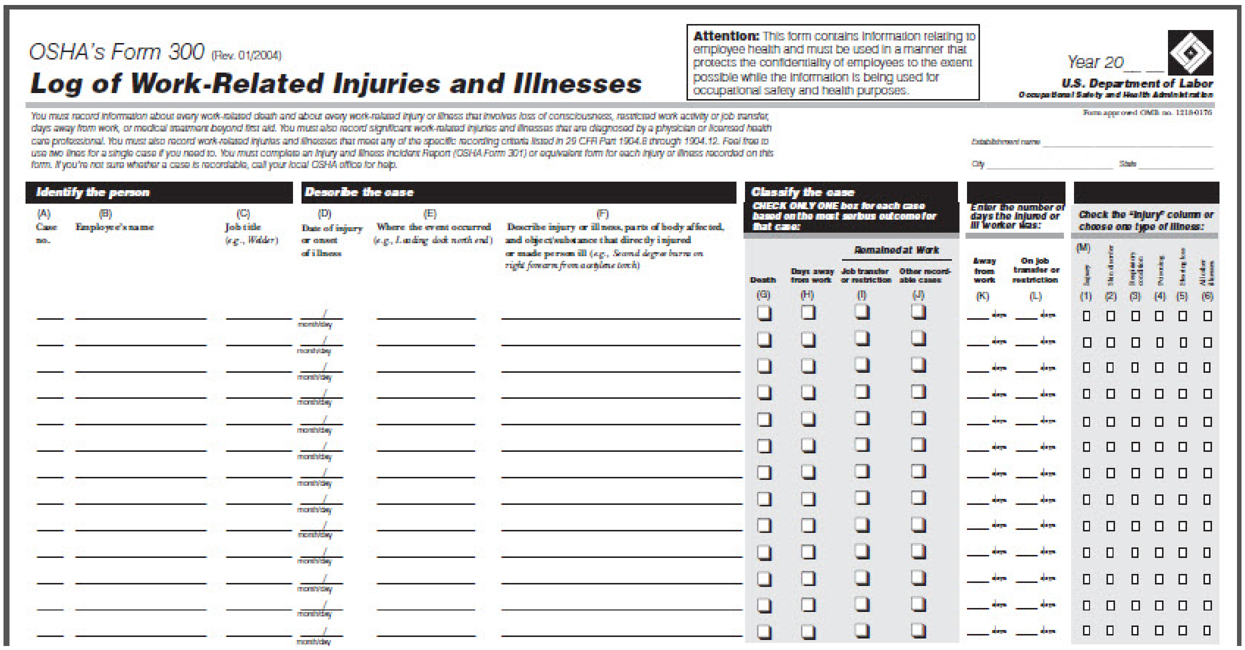
17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

18) **If the employee died, when did death occur?** Date of death ___/___/___

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA Form 300 is the 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 complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form.


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

Log of Work-Related Injuries and Illnesses

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.

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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.

Establishment name ______

City ______ State ______

Identify the person			Describe the case			Classify the case: CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness: (M)					
								Remained at Work									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
___	___	___	___/___ month/day	___	___	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
___	___	___	___/___ month/day	___	___	☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
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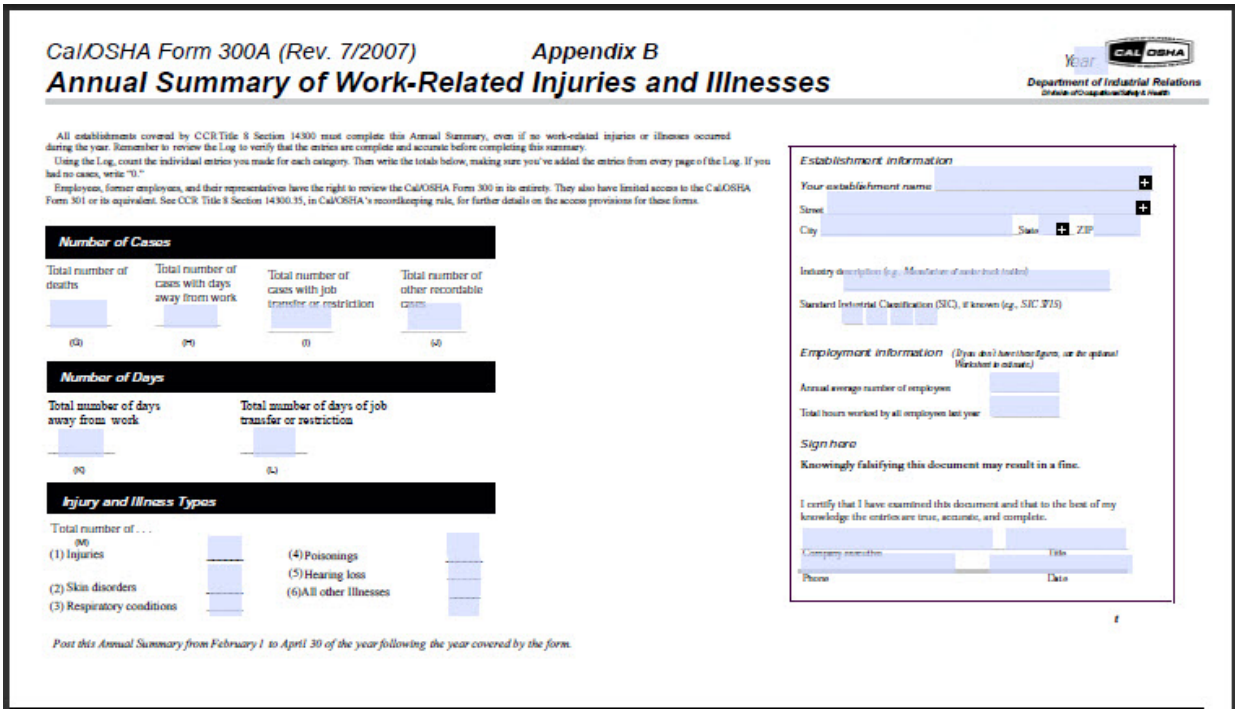
OSHA Form 300A is the Summary of Work-Related Injuries and Illnesses.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. 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, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.



CalOSHA Form 300A (Rev. 7/2007) Appendix B

Annual Summary of Work-Related Injuries and Illnesses

Year

Department of Industrial Relations

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, 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 CalOSHA Form 300 in its entirety. They also have limited access to the CalOSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in CalOSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Injury and Illness Types

Total number of . . . (M)

(1) Injuries
(2) Skin disorders
(3) Respiratory conditions
(4) Poisonings
(5) Hearing loss
(6) All other Illnesses

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name
Street
City State ZIP
Industry description (e.g., Manufacture of motor truck trailers)
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

Employment information (If you don't have these figures, use the optional Worksheet to estimate.)

Annual average number of employees
Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title
Phone Date

OSHA 300 Forms: Employee Confidentiality

- To protect the employee's privacy, you may not enter the employee's name on the OSHA 300 Log. Instead, enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative is provided access to the OSHA 300 Log.
- You must keep a separate, confidential list of the case numbers and employee names for your privacy concern cases so you can update the cases and provide the information to the government if asked to do so.

To determine if an injury is a privacy concern case you must consider the following injuries or illnesses:

- An injury or illness to an intimate body part or the reproductive system
- An injury or illness resulting from a sexual assault
- Mental illnesses
- HIV infection, hepatitis, or tuberculosis
- Needle stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material

- If the employee voluntarily requests that his or her name not be entered on the log

Medical Recordkeeping

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

This record shall include:

- The name and social security number of the employee
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- A copy of all results of examinations, medical testing, and follow-up procedures
- The employer's copy of the healthcare professional's written opinion
- A copy of the information provided to the healthcare professional

The employer shall ensure that employee medical records are:

- Kept confidential
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law
- The employer shall maintain the records for at least the duration of employment plus 30 years

Cleaning Blood or Body Fluid Spills

Precautions for Cleaning Medical Facilities

This is not a training program for cleaning medical facilities; however certain precautions should be taken to protect the janitorial worker from bloodborne pathogens.

Personal Protective Equipment (PPE) must be worn when cleaning medical facilities. PPE includes disposable gloves, protective goggles, or face masks. Surgery rooms require additional protective garments such as foot protection, caps that cover the hair, and protective gowns.

Trash removed from examination rooms or hospital rooms should be treated as infectious waste, so trash receptacles should be lined with either red plastic bags or bags labeled as biohazardous waste. Discarded PPE and disposable cleaning towels must also be put into the hazardous waste bags.

The job does not end with the cleaning. Janitorial workers must thoroughly clean tools and equipment used to clean medical facilities, as careless treatment of these tools and equipment can spread contamination throughout the building.

Tools such as cleaning cloths and mop heads should be laundered in hot water and dried thoroughly before using again. Equipment such as mop buckets, mop handles and vacuum cleaners must be cleaned and disinfected after each use.

Steps to Clean Blood and Body Fluid Spills

Small spill on a countertop:

Step 1. Gather equipment, spill kit, and put on personal protective equipment (PPE).

Step 2. Absorb the blood spill with paper towels or pour an absorbent material over the spill. This material will be part of your spill kit.

Step 3. Dispose of paper towel in red biohazard bag. Use a scoop to pick up the absorbent material (either a small shovel or cardboard piece). Wipe up any remaining blood or OPIM (Other Potentially Infectious Material) with an absorbent towel.

Step 4. Apply disinfectant solution to the area and give dwell time according to manufacturer's directions, usually 5-10 minutes.

Step 5. Wipe with paper towels and dispose of the paper towels in a red biohazard bag.

Step 6. Place all clean-up materials, including PPE, in a red bag for proper disposal.

Step 7. Wash your hands.

Large spill on a tile floor:

Step 1. Set up a safety perimeter.

Step 2. Gather equipment, spill kit, and put on personal protective equipment (PPE).

Step 3. Pour an absorbent material over the spill. This will be part of your spill kit.

Step 4. Use a scoop to pick up the absorbent material (either a small shovel or cardboard piece). Blot up any remaining blood or OPIM (Other Potentially Infectious Material) with an absorbent towel.

Step 5. Apply disinfectant solution to the area and give dwell time according to manufacturer's directions, usually 5-10 minutes. Mop up the solution with disposable microfiber flat mop heads.

Step 6. Dispose of contaminated, disposable mop heads in red bio-hazard bag, and then clean and disinfect the equipment.

Step7. Place all clean-up materials, including PPE, in a red bag for proper disposal.

Step 8. Wash your hands.

Large spill on carpet:

Step 1. Set up a safety perimeter.

Step 2. Gather equipment, spill kit, and put on personal protective equipment (PPE).

Step 3. Pour an absorbent material over the spill. This will be part of your spill kit.

Step 4. Use a scoop to pick up the absorbent material (either a small shovel or cardboard piece). Blot up any remaining blood or OPIM (Other Potentially Infectious Material) with an absorbent towel.

Step 5. Apply disinfectant solution to the area and give dwell time according to manufacturer's directions, usually 5-10 minutes. Extract the blood and solution from the carpet.

Step 6. Dispose of contaminated disinfectant solution from mop bucket and carpet extractor, and then clean and disinfect the equipment.

Step 7. Place all clean-up materials, including disposable PPE, in a red bag for proper disposal.

Step 8. Wash your hands.

