

Bloodborne Pathogens

Loss Control Bulletin

About Bloodborne Pathogens (BBP)

Bloodborne pathogens are microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). HBV and HCV affect the liver and the signs and symptoms of both include jaundice, fatigue, headache, abdominal pain, loss of appetite and nausea and vomiting. HIV can cause AIDS and signs and symptoms include weight loss, night sweats or fever, gland swelling or pain, and muscle or joint pain.

BBP regulation basics include: Federal and state safety regulations require employers to adopt safeguards to protect employees against health hazards from bloodborne pathogens and other potentially infectious materials (OPIM). Other potentially infectious materials include:

- semen;
- vaginal secretions cerebrospinal fluid synovial fluid pleural fluid pericardial fluid; peritoneal fluid amniotic fluid;
- saliva in dental procedures;
- saliva or vomitus contaminated with blood;
- any other body fluid that is visibly contaminated with blood;
- any body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Which workers have exposure to BBP? All employees who can “reasonably anticipate”, as a result of performing their job duties, coming into contact with blood and other potentially infectious materials are covered by this safety standard. For housekeeping, maintenance staff, janitorial services, groundskeepers and healthcare workers, the most common exposures to bloodborne pathogens are through needle sticks, other contaminated sharps such as glass or scalpels, and by touch, splash, or spray of blood or other bodily fluids. Contact may be through the mucous membranes such as the eye, nose, and mouth or through broken skin such as a cut or abrasion.

Other situations where employees may become exposed to bloodborne pathogens include:

- assisting injured persons at the scene of an accident or while changing bandages,
- working in clinics and medical care facilities,
- assisting individuals during combative episodes,
- providing care to infants or children, providing first aid and resuscitation assistance.
- handling blood contaminated broken glass, used syringes, knives, tools and other sharp objects,
- handling blood covered clothing, rags, or other objects,
- contact with blood on door handles, railings, floor surfaces, bathroom fixtures,
- cleaning rest room facilities, emptying trash cans and other waste containers,
- gardening or picking up leaves, clippings, etc.

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Protecting yourself against exposure to BBP:

Because it is visually impossible to determine whether or not blood or other human bodily fluids contain infectious microorganisms, it is best to follow universal precautions and treat all blood and human body fluids as if they are infectious. The following is a list of personal protective equipment that can be used to protect employees:

- face shields eye protection
- protective clothing
- gloves mouthpieces
- resuscitation devices

Universal precautions do not apply to feces, sputum, sweat, vomitus, nasal secretions, ear secretions or urine unless blood is visible.

What employers must do...

To protect employees from contracting infectious diseases, employers must implement a bloodborne pathogens program that satisfies regulatory requirements. Such a program needs to include an exposure control plan to identify the jobs and tasks with occupational exposure to blood or other potentially infectious materials. The plan should also describe engineering and work practice controls, personal protective equipment, training, medical surveillance, hepatitis B vaccinations, and use of signs and labels. The plan must be accessible to all employees and be reviewed annually. A Sharps Injury Log also needs to be maintained.

Engineering Controls Include:

- hand and eye washing facilities
- sharps containers
- biohazard labeling
- safe needle systems

Work practice controls include:

- enforcing the use of sharps containers
- washing hands and cleaning work surfaces
- no breaking, shearing, bending or recapping needles
- no reaching into sharps containers no picking- up broken glass with their bare hands
- no consumption of food, beverages, or use of cosmetics where blood or other potentially infectious material is present

What to do after exposure...

When exposed to blood or other infectious materials, the exposed area of the body should be washed with soap and water for at least 30 seconds. If you are splashed in the eyes, mouth, or the nose, flush the affected area with water for 15 minutes. Report the incident to your supervisor so the appropriate information can be accumulated to prevent future incidents and medical evaluation can be conducted immediately.

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Decontamination

After contamination, work surfaces must be decontaminated with an appropriate disinfectant. If a designated disinfectant is not specified, a solution of 10% bleach and 90% water can be effective. All contaminated waste such as papers, rags, and clothing should be placed in closed, leak-proof containers and appropriately labeled or color coded. Labels should indicate a biohazard warning.

Medical treatment following exposure:

Employees are entitled to a hepatitis B vaccination, free of charge, within 10 working days of initial assignment or may have the vaccination, free of charge, within 10 days of initial assignment or may have the vaccination after coming in contact with potentially infection blood or other bodily fluids. The vaccination is still effective if you receive it within 24 hours after coming into contact with blood or other infectious materials. There isn't currently no vaccine available for HIV or HCV.

In summary:

Employees owe an obligation to their workers to implement a Bloodborne Pathogens Program whenever it can be reasonably anticipated that their employees may be exposed to bloodborne infectious diseases. The program must comply with the specific federal regulatory requirements of 29 CFR 1910. 1030. Employees are strongly encouraged to review this standard at: