

Overview

Bloodborne 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. These pathogens can be present in human blood and cause disease in humans. Any body fluid that is mixed with blood is potentially infectious. Bloodborne pathogens can be transmitted when blood or body fluid from an infected person enters another person's body via needle sticks, human bites, cuts, abrasions, or through mucous membranes. Employees who may be exposed to bloodborne pathogens through their job tasks are at risk for contracting serious or life-threatening illnesses.

Employer Responsibility

The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) applies to employees who have a reasonably anticipated job-related contact with blood or other potentially infectious materials. Exposures to blood and other body fluids occur across a wide variety of occupations. Health care workers, emergency response, and other workers can be exposed to blood through needle-stick and other sharps injuries, mucous membrane, and skin exposures.

Program Requirements

Every employer is responsible for evaluating employee occupational exposure to bloodborne pathogens. After an evaluation, if you have determined that an occupational exposure to bloodborne pathogens exists within your organization, you are required to follow the OSHA Bloodborne Pathogens Standard. Under this standard, employers are responsible for protecting employees who can reasonably be anticipated to come into contact with blood or other potentially infectious material as a result of completing their job duties.

In general, if you are required to follow the OSHA Bloodborne Pathogens Standard, your responsibilities under the standard include the following:

Establish a written exposure control plan.

This is a written exposure control plan to eliminate or minimize occupational exposures. It must include the job classifications, tasks, and procedures which may result in exposure to a bloodborne pathogen.

Update the exposure control plan annually.

Complete an annual review of the plan to ensure it reflects any changes in tasks, procedures, and positions that affect occupational exposure. It should also reflect technological changes that eliminate or reduce occupational exposure.

Implement the use of universal precautions.

Ensure all employees treat all human blood and body fluids as if they are known to be infected with a bloodborne pathogen.

Identify and use engineering controls.

Incorporate the use of devices that isolate or remove the bloodborne pathogens hazard from the workplace.

Identify and ensure use of work practice controls.

Incorporate practices that reduce the possibility of exposure by changing the way a task is performed.

Provide personal protective equipment (PPE).

PPE may include gloves, gowns, eye protection, and masks, and it must be provided at no cost to the employee.



Offer the Hepatitis B Vaccination.

Offer and make available the Hepatitis B vaccination to all employees with occupational exposure. This vaccination must be offered after the employee has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.

Conduct post-exposure evaluations.

Offer and make available post-exposure evaluation and follow-up to any occupationally exposed employee who experiences an exposure incident. This evaluation and follow-up must be at no cost to the employee.

Communicate hazards.

Use labels and signs to communicate hazards. Ensure all containers and equipment used to store, transport, or ship blood or other potentially infectious materials have warning labels or signs.

Provide information and training to employees.

Ensure all employees with potential exposure are offered initial training, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure.

Maintain employee medical and training records.

Medical records – maintain for duration of employment plus 30 years.

Training records – maintain for a minimum of 3 years.

Sharps Injury Log – maintain for 5 years following the end of the calendar year covered.

For more information or assistance on the bloodborne pathogens requirement, contact your Umialik Loss Control Consultant, or go to OSHA's Bloodborne Pathogens and Needlestick(remove dash in previous word) Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

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