



BLOODBORNE PATHOGENS

If you are a health professional, a designated first responder, or first aid provider at your site, or if you are involved in maintenance or housekeeping work that could potentially expose you to bloodborne pathogens, you need to know how to protect yourself from potentially infectious material.

INTRODUCTION

Bloodborne pathogens are microorganisms that are present in human blood and can infect and cause disease in people who are exposed to blood containing the pathogen. These microorganisms can be transmitted through contact with contaminated blood and body fluids. Bloodborne pathogens include:

- Hepatitis B (HBV)
- Hepatitis C (HBC)
- Human Immunodeficiency Virus (HIV)

It is important that you know the bloodborne pathogen you may be exposed to at your worksite.

TRANSMISSION

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. Transmission can occur through:

- An accidental puncture by a needle or other sharp objects
- Contact between broken/damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids

Broken/damaged skin transmission may include open sores, cuts, abrasions, sunburn or blisters. Mucous membrane transmission may include the eyes, nose or mouth.



Bloodborne Pathogens

FOR ENQUIRIES:

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Bloodborne pathogen transmission is not transmitted by touching an infected person, coughing or sneezing, and using the same equipment as the infected person.

UNIVERSAL PRECAUTIONS

The concept of universal precautions is that all blood and potentially infectious materials must be treated as if they are known to contain HIV, HBV, HCV, or other bloodborne pathogens. It should be observed in all situations where there is a potential for contact.

Personal protective equipment should be used in conjunction with universal precautions when dealing with all body fluids.

Qualified, trained first-aiders should be equipped to safeguard against this exposure.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE must be suitable for the level of expected exposure to blood and other potentially infectious materials. Types of PPE may include:

- Safety glasses
- Goggles
- Face Shields
- Face Masks
- Gloves
- Protective clothing such as gowns and aprons
- One-way mask ventilation device

SAFE WORKING PRACTICES

- Remember to use universal precautions.
- If you discover a spill of blood or other bodily fluid, warn your coworkers in the area and notify your supervisor so that the spill can be safely removed.
- When rendering aid to an injured or sick coworker, make every effort to ensure that you do not come in contact with blood or other bodily fluids.
- Thoroughly wash your hands or exposed skin with soap and water quickly following an occupational exposure.

SIGNS, LABELS & COLOR CODING

Signs and labels should be used in the work place to communicate bloodborne pathogen hazards to

employees. The warning label should include the universal biohazard symbol and the term "BIOHAZARD" in a color that contrasts a fluorescent orange background.



Red bags or containers displaying the universal symbol and term "BIOHAZARD" can be substituted for labels.



HOUSEKEEPING AND WASTE DISPOSAL

Keeping the worksite clean and sanitary is essential in controlling employee exposure to bloodborne pathogens. All equipment and working surfaces in contact with blood or other potentially infectious materials should be cleaned and decontaminated or properly disposed of.

All regulatory waste should be placed in properly labeled containers or red biohazard bags for disposal at an approved facility.



BLOODBORNE PATHOGENS STANDARD

The Bloodborne Pathogen Standard sets forth requirements to protect workers from occupational exposure to bloodborne pathogens. This standard requires employer to:

- Establish a written control plan, which would identify workers with occupational exposure to



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blood and other potentially infectious materials, and specify means to protect and train them.

- 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.
- Implement the use of universal precautions (treating all human blood and other potentially infectious materials as if known to be infectious for bloodborne pathogens).
- Identify and use engineering controls. These are devices that isolate or remove the bloodborne pathogen 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 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, or other mucous membrane, or non-intact skin with blood or other potentially infectious materials. 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.

- Use labels and signs to communicate hazards. Warning labels must be affixed to containers or regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or other potentially infectious materials; other containers used to store, transport, or ship blood or other potentially infectious materials; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry.
- In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when other potentially infectious materials 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. Training must be presented at an educational level and in a language that workers understand. 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.
- Maintain worker medical and training records. The employer also must maintain a sharps injury log.

CONCLUSION

Think before you rush to the rescue. Universal precautions today tell you to use the most appropriate PPE. Your equipment must be free from any defects.

Keep in mind a few rules to insure that your protective gear does the job. Your gloves must fit; your equipment must be appropriate for the job; you must be properly trained, and before leaving the accident area, you must remove all protective equipment and place in a container for washing, disposal, or decontamination.



MINUTES OF MEETING

Date: _____ Person Conducting Meeting: _____

Topic: _____

Branch: _____ Division: _____

Attendees:

NAME	INITIAL	DATE

NAME	INITIAL	DATE

Additional Items Discussed:

Problem Areas or Concerns:

Comments:

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