

#### OSHA'S BLOODBORNE PATHOGENS STANDARD

#### WHO IS COVERED?

The standard covers private sector workers in all states. All hospitals, whether public or private, that accept Medicare funds must be in compliance with the standard. It covers state and local government workers in states with federally approved state OSHA plans. Some other states have job safety laws covering state and local government workers that adopt federal OSHA standards.

### WHAT DOES THE STANDARD REQUIRE?

The OSHA Bloodborne Pathogens Standard requires employers to protect workers by taking a number of steps. The rule includes, but is not limited to the requirements outlined below.

- Key definitions {1901.1030(b)}:
  - **Engineering controls** are sharps, disposal containers, self-sheathing needles, and safer medical devices (such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the hazard.
  - **Needleless system** is a device that does not use a needle for the collection or withdrawal of body fluids after initial access to a vein or artery is established, or to administer medication.
  - > Sharps with engineered sharps injury protections means a non-needle sharp or needle device for withdrawing body fluids, accessing a vein or artery, or administering medications with built in safety features.
- Exposure control plan {1910.1030 (c)}: In every workplace where there is a potential for exposure to blood or other potentially infectious materials (OPIM), employers must identify which workers might be exposed and which tasks or procedures can cause exposure.
  - Preview of exposure control plan {1910.1030(c)(1)(iv)}: Employers must review and update this plan at least every 12 months and whenever necessary to reflect new tasks and

procedures that affect exposure. The review must (A) reflect changes in technology that eliminate or reduce exposures; and (B) document the evaluation and use of effective safer medical devices each year.

- Worker input in selection of devices {1910.1030(c)(1)(v)}: Employers must solicit the input from non-managerial workers that provide direct patient care concerning the identification, evaluation, and selection of effective safety needles and other engineering controls.
- Safety equipment (engineering controls) {1910.1030(d)(2)(i)}: Employers must evaluate and provide safer needles to prevent injuries and possible exposure to bloodborne pathogens. The employers must continually evaluate and select the safer devices on the market. The Standard requires puncture proof containers to dispose of needles and other sharp devices.
- Personal protective equipment {1910.1030(d)(3)}: The Standard requires that workers are provided with protective safety devices and clothing, such as latex or other rubber gloves, gowns, goggles, masks or face shields. These devices must be of good quality and readily available, and must be in sizes that fit the workers.

# WARNING: Many workers are allergic to latex and need to have gloves made of other materials that also provide effective barrier protection.

- Information and training {1910.1030(g)(2)}: Workers must be trained on the proper use and limitations of safety devices, work practices, and personal protective equipment. Workers with occupational exposure must receive training when they are hired and at least once per year afterwards. The training must be given during working hours and at no cost to the employee and training records must be maintained for three years.
- Prohibited practices {1910.1030(d)(2)(vii)}: The Standard prohibits bending, recapping or removing contaminated needles unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
- Housekeeping {1910.1030(d)(4)(ii)}: All equipment and working surfaces must be cleaned and decontaminated after contact with blood or other infectious materials.
- Disposal of needles, materials, and protective equipment {1910.1030(d)(2)(viii), (d)(2)(xiii), (d)(3)(viii)}: Contaminated materials must be discarded immediately or as soon as possible. The containers must be closed, puncture resistant, leak-proof, and color-coded.
- **Hepatitis B vaccination** {1910.1030(f)(2)}: Employers must make the hepatitis B vaccine available at no cost to all workers who have potential occupational exposure to blood or OPIM. The required training must explain the benefits of the vaccine. Workers may decline the vaccine but must sign a written "declination form." A worker may change his/her mind at any time, and the employer must then provide the vaccination.

•	<b>Treatment after an exposure {1910.1030(f)}:</b> Workers who are stuck by a needle or have any
	other type of exposure to blood or OPIM must receive immediate confidential medical screening
	and follow-up treatment. Treatment potentially includes medications to prevent infection,
	according to current Public Health Service guidelines, as soon as possible. With the employee's
	consent, a baseline blood sample may be taken and may be held for up to 90 days pending HIV
	and hepatitis tests.

## ARE THERE OTHER LAWS TO PREVENT NEEDLESTICKS?

Many states have passed laws similar to the federal Needlestick Safety and Prevention Act. Until there is a federal law covering all public sector workers, laws need to be passed in states where state and local government workers are not covered by OSHA laws.

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For more information about protecting workers from workplace hazards, please contact the AFSCME Research & Collective Bargaining Department, Health and Safety Program at (202) 429-1215. You can also contact our office located at 1625 L Street, NW Washington, DC 20036.