

BLOODBORNE PATHOGENS TRAINING GUIDE - EMPLOYEES

OSHA STANDARD SCOPE

The **OSHA Bloodborne Pathogens Standard** applies to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM).

- **Occupational exposure** is defined as 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.
- **Blood** is defined as human blood, human blood components, and products made from human blood.
- **Other potentially infectious materials (OPIM)** is defined as the following: saliva in dental procedures; semen; vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; along with all body fluids in situations where it is difficult or impossible to differentiate between body fluids; unfixed human tissues or organs (other than intact skin); HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

The standard does not apply to **construction**. However, the General Duty Clause (Section 5(a)(1) of the OSH Act) will be used, where appropriate, to protect employees from bloodborne hazards in construction.

Volunteers are not covered by the standard. **Students** are covered if they are compensated.

If employees are trained and designated as responsible for rendering **first aid** as part of their job duties, they are covered by the protections of the standard. However, OSHA will consider it a de minimis violation - a technical violation carrying no penalties - if employees, who administer first aid as a collateral duty to their routine work assignments, are not offered the pre-exposure hepatitis B vaccination, provided that a number of conditions are met. In these circumstances, no citations will be issued. The de minimis classification for failure to offer hepatitis B vaccination in advance of exposure does not apply to personnel who provide first aid at a first-aid station, clinic, or dispensary, or to the healthcare, emergency response or public safety personnel expected to render first aid in the course of their work. The de minimis classification is limited to persons who render first aid only as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. To merit the de minimis classification, the following conditions also must be met:

- Reporting procedures must be in place under the exposure control plan to ensure that all first-aid incidents involving the presence of blood or OPIM are reported to the employer before the end of the work shift during which the incident occurs.
- Reports of first-aid incidents must include the names of all first-aid providers who rendered assistance and a description of the circumstances of the accident, including date and time, as well as a determination of whether an exposure incident, as defined in the standard, has occurred.
- A report that lists all such first-aid incidents must be readily available to all employees and provided to OSHA upon request.

- First-aid providers must receive training under the Bloodborne Pathogens standard that covers the specifics of the reporting procedures.
- All first-aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure occurs, must have the vaccine made available to them as soon as possible but in no event later than 24 hours after the exposure incident. If an exposure incident as defined in the standard has taken place, other postexposure follow-up procedures must be initiated immediately, as per the requirements of the standard.

Housekeeping workers in healthcare facilities may have occupational exposure, as defined by the standard. Individuals who perform housekeeping duties, particularly in patient care and laboratory areas, may perform tasks, such as cleaning blood spills and handling regulated wastes, which cause occupational exposure. When a spill occurs in a laboratory that involves a blood or body fluid used for research or clinical purposes, it is the laboratory personnel's responsibility to clean-up the spilled material.

OSHA does not generally consider all **maintenance personnel and janitorial staff** employed in non-healthcare facilities to have occupational exposure. It is the employer's responsibility to determine which job classifications or specific tasks and procedures involve occupational exposure. Products such as discarded sanitary napkins must be discarded into waste containers which are lined in such a way as to prevent contact with the contents. Therefore janitorial employee should not come into contact with blood during the normal handling of such products from initial pick-up through disposal in the outgoing trash. Maintenance personnel working in areas where blood or other potentially infectious materials may be used or stored also should not have a reasonably anticipated risk of exposure since maintenance staff should not have direct contact with these materials when performing their job duties. It is the responsibility of the housekeeping or maintenance supervisor to contact the Employee Safety Officer at (803) 777-5255 or wharley@mailbox.sc.edu for guidance if there are questions or concerns that any personnel in these roles are performing specific duties that may result in occupational exposure.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive **initial and annual training**.

- The Biological Safety Officer is responsible for providing training for **research lab personnel** handling human-derived research samples. The Employee Safety Manager is responsible for providing training to personnel in **non-laboratory work areas** with occupational exposure to blood or OPIM. **Academic programs** that place students in work environments where the student may have an occupational exposure to bloodborne pathogens are responsible for providing training to these students. The **supervisor** is responsible for ensuring all personnel with occupational exposure that work under their supervision have completed required training.
- OSHA interprets "annual training" to mean that employees must be provided re-training at least once every 12 months (i.e., within a time period not exceeding 365 days.) This annual training need not be performed on the exact anniversary date of the preceding training, but should be provided on a date reasonably close to the anniversary date taking into consideration the University's and the employees' convenience in scheduling.

In addition, training must be provided **when changes** (e.g., modified/new tasks or procedures) affect a worker's occupational exposure. Part-time and temporary employees are covered and are also to be trained on University time.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Training records are completed for each employee upon completion of training. The campus, department, operation or laboratory is responsible for training records. These documents will be kept for **at least three years**. The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions. Employee training records are provided upon request to the employee or the employee's authorized representative **within 15 working days**.