

# BLOODBORNE PATHOGEN PROTECTION PROGRAM

## **Program Element R2-10-207(11)(m)**

Each agency shall develop, implement, and monitor a Bloodborne Pathogen Protection program, as applicable.

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Bloodborne pathogens are an existing or potential health hazard within an agency, or agency personnel exposure during the course of work. Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. OSHA published the Occupational Exposure to Bloodborne Pathogens standard in 1991 because of a significant health risk associated with exposure to viruses and other microorganisms that cause bloodborne diseases. Of primary concern are the human immunodeficiency virus (HIV), and the hepatitis B and hepatitis C viruses. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

In 2001 the CDC estimated that there were nearly 600,000 needlestick injuries per year. In response to these injuries, Congress passed the Needlestick Safety and Prevention Act and directed OSHA to revise the bloodborne pathogens standard to establish that employers identify engineering controls and make use of effective and safer medical devices. That revision became effective April 18, 2001.

<b>Definition:</b>	A written program designed to reduce the risk of occupational exposure to pathogenic organisms present in blood and other bodily fluids. Part of the program includes an Exposure Control Plan (ECP) describing worksite specific details to reduce or eliminate the hazards of occupational exposure to blood or other potentially infectious materials. The plan describes how an agency will implement a combination of engineering controls, work practices, personal protective equipment, training, and medical surveillance.
<b>Why do I need this program?</b>	Exposures to blood and other body fluids occur across a wide variety of occupations. Health care workers, emergency response and public safety personnel, and other agency workers can be exposed to blood through needlestick, sharps, and other potentially infectious materials (OPIM). The pathogens of primary

	<p>concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Workers and employers are urged to take advantage of available engineering controls and work practices to prevent exposure to blood and other body fluids. (NIOSH)</p>
<p><b>How do I know if this program applies to my agency and my specific job hazards?</b></p>	<p>Each agency must determine if employee(s) have “reasonably anticipated occupational exposure” which means skin, eye, mucous membrane, or parenteral contact with blood or OPIM. The agencies must conduct an exposure determination by listing all job classifications and tasks where occupational exposure has been identified or reasonable anticipated. The determination should take into account the following:</p> <ol style="list-style-type: none"> <li>1. Occupations with exposure during normal job duties, and</li> <li>2. Occupations that <u>may</u> be exposed from some tasks or grouping of tasks that occur less frequently during normal job duties.</li> </ol> <p>In accordance with 29CRF 1910.1030, employee exposures will require a program that protects workers and includes a written Exposure Control Plan designed to eliminate or minimize employee exposure.</p>
<p><b>What are the minimum required elements and/or best practices for a Bloodborne Pathogen Program (BBP)?</b></p>	<p><b>Guidelines and Criteria:</b> The program shall include a documented survey of agency facilities and work practices to identify areas of concern. The program shall include procedures to notify employees of health hazards, medical monitoring when applicable, and personal protective equipment requirements including training, fit testing, and care.</p> <p>The ECP is a key document to assist agencies in implementing and ensuring compliance with the standard, thereby protecting employees. This ECP includes:</p> <ul style="list-style-type: none"> <li>• Exposure determination</li> <li>• Implementation of various methods of exposure control, including: <ul style="list-style-type: none"> <li>○ Universal precautions</li> <li>○ Engineering and work practice controls</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Personal protective equipment</li> <li>○ Housekeeping</li> <li>● Hepatitis B vaccination</li> <li>● Post-exposure evaluation and follow-up</li> <li>● Communication of hazards to employees and training</li> <li>● Recordkeeping, including medical and training records</li> <li>● Sharps injury log</li> <li>● Procedures for evaluating circumstances surrounding exposure incidents</li> <li>● Initial post exposure follow up, such as prophylaxis care</li> </ul>
<p><b>Are there any mandatory training requirements or best practices that must be developed by the agency?</b></p>	<p>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:</p> <ul style="list-style-type: none"> <li>● Copy and explanation of the OSHA bloodborne pathogen standard and ECP</li> <li>● Methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident</li> <li>● Use and limitations of engineering controls, work practices, and PPE</li> <li>● Types, uses, location, removal, handling, decontamination, and disposal of PPE</li> <li>● Explanation of the basis for PPE selection</li> <li>● Information on the hepatitis B vaccine, including efficacy, safety, administration, benefits and that the vaccine will be offered free of charge</li> <li>● Procedures to take in an emergency involving blood or OPIM</li> <li>● 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</li> <li>● Post-exposure evaluation and follow-up</li> <li>● Signs and labels and/or color coding</li> </ul>

**Are there specific requirements for documenting the program, training, etc...?**

Training records must include:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training
- 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.

Medical Records:

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Sharps Log:

Sharps log should be maintained per OSHA 1904.33 for five (5) years following the end of the calendar year that these records cover.

Records should be maintained in accordance with Regulatory, State, and your Agency's specific retention schedules. Consult with those entities to determine how long to maintain records.

- The Secretary of State, State Library, [Archives and Public Records](#) website is a great resource for your Agency's specified retention schedule.

**Are there any resources available that can assist me in putting together an Exposure Control Program?**

NIOSH Bloodborne Infectious Diseases: HIV/Aids, Hepatitis B, Hepatitis C

<http://www.cdc.gov/niosh/topics/bbp/>

Safety and Health Topics

<https://www.osha.gov/SLTC/bloodbornepathogens/>

OSHA Fact Sheet: OSHA's Bloodborne Pathogens Standard

[https://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact01.pdf](https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf)

Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards

<https://www.osha.gov/Publications/osh3186.html>