

# Bloodborne Pathogens

## Frequently Asked Questions for Health Care Facilities

### Background

#### ? What are bloodborne pathogens (BBPs)?

BBPs are microorganisms that are present in human blood and cause disease. They include, but are not limited to:

- Human immunodeficiency virus (HIV)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)

#### ? What are other potentially infectious materials (OPIM)?

- Bodily fluid visibly contaminated with blood
- Any unfixed tissue or organ (other than skin) from a human (living or deceased)
- Blood, organs, or other tissues from experimental animals
- Cell, tissue, or organ cultures
- Culture media or other solutions containing BBPs
- Amniotic fluid
- Cerebral spinal fluid
- Pericardial fluid
- Peritoneal fluid
- Saliva in dental procedures (whether blood is visible or not)
- Semen
- Synovial fluid
- Vaginal secretions

#### ? What constitutes an exposure to blood or OPIM?

Any of the following is an exposure and should be given immediate medical attention:

- A puncture of the skin with a used needle, lancet, or other sharp item, whether or not there is visible blood or OPIM present.
- Splashes or sprays of blood or OPIM into the eyes, nose, or mouth.
- Contact with blood or OPIM onto an open wound, an oozing lesion, or other area where there is significant skin breakdown.

# Exposure Control Plans

## What are exposure control plans?

The [Bloodborne Pathogens Standards 29 CFR Part 1910.1030](#) requires employers to write and implement an exposure control plan for employees with occupational exposure to blood and OPIM, using administrative, engineering, and work practice controls to prevent or minimize employee exposure.

**The exposure control plan must contain at least the following elements:**

- Cleaning or disinfection of contaminated equipment and surfaces
- Exposure determination:
  - A list of all job classifications in which all employees in those classifications have occupational exposure (example: all employees classified as phlebotomists)
  - A list of job classifications in which some employees have occupational exposure
  - A list of all tasks and procedures in which occupational exposure occurs (example: administering immunizations, doing finger sticks)
  - Most local public health agencies will not have entire job classifications in which all persons have occupational exposure, but may have certain personnel with assigned duties that involve occupational exposure
- Handling laundry
- Hazard communication
- Hepatitis B vaccination
- Maintenance of sharps injury log
- Post-exposure follow-up
- Provision for hand hygiene practices
- Safe management and disposal of sharps
- Standard precautions
- Personal protective equipment (PPE)
- Sharps with safety devices
- Waste management
- Work practices that reduce or eliminate exposure to blood and OPIM:
  - No eating or drinking in potentially contaminated areas
  - Using leak-proof containers for specimen storage

## How often does the BBP exposure control plan need to be reviewed and updated?

The plan must be reviewed annually **and**:

- Whenever new or modified tasks or procedures affect occupational exposure.
- Whenever there are new employee positions with occupational exposure.



## **What staff members are required to be in a BBP exposure control plan?**

Any staff members with job duties or tasks where blood or OPIM may come in contact with skin, eye, or mucous membranes.

People who give first aid as a “good Samaritan” act are not covered under the BBP exposure control plan, unless they perform these duties as part of their jobs. However, it is recommended that an employer provides the hepatitis B vaccine, if needed, and other post-exposure follow-up due to liability issues, and to help prevent disease transmission among staff even in non-occupational exposures.



## **What employer responsibilities are required by the BBP standards?**

Employers are required to implement the entire standard, which includes, but is not limited to:

- Determining job classifications and job tasks that have occupational exposure.
- Developing effective engineering and work practice controls to minimize occupational exposures.
- Providing readily accessible handwashing stations and ensuring that employees wash hands immediately or as soon as feasible after removing gloves and after contact with blood and OPIM.
- Providing PPE, storing it in available locations, and maintaining PPE in good repair.
- Ensuring that employees use PPE appropriately.
- Ensuring that the worksite is clean and in sanitary condition.
- Providing for appropriate management of infectious waste.
- Using labels and signs to communicate hazards to employees.
- Making hepatitis B vaccine and post-vaccination antibody testing available.
- Providing post-exposure medical evaluation and follow-up.
- Providing training.
- Keeping medical and training records.



## **What employee responsibilities are required by the BBP standards?**

Employers bear the entire responsibility of complying with the BBP standard. By properly doing the tasks below, staff can reduce their risk of BBP exposure.

- Wear appropriate PPE for tasks and procedures in which occupational exposure may occur.
- Use and activate safety devices when handling needles and lancets.
- Dispose of infectious waste properly.
- Notify supervisors immediately after experiencing an exposure.
- Complete the required initial and annual training.
- Comply with all other aspects of the BBP exposure control plan.

## Staff training

### How often do staff need to be trained?

All staff need to have training at the time they are initially assigned duties or tasks with occupational exposure, and annually thereafter. Training must be at the educational level in the languages best for the employee.

### Who can perform training?

There are no official requirements for who can provide training on BBP exposure control programs. But it is in the best interest of the employer to choose people with knowledge of the subject matter required in the training. **Examples of knowledgeable staff include:**

- Nurses
- Nurse practitioners
- Infection control professionals
- Physician assistants
- Occupational health professionals
- Emergency medical technicians

### What records need to be kept?

Training records must be kept for three years from the date on which the training occurred.

Medical records, such as hepatitis B vaccination status, exposure incidents, and follow up, much be kept for the duration of the employment plus an additional 30 years.

### Where can we find more information and assistance?

The HAI Prevention Program has resources to help support health care facilities in their BBP prevention and response efforts. Contact the HAI Prevention Program at [DHSWIHAIPreventionProgram@dhs.wisconsin.gov](mailto:DHSWIHAIPreventionProgram@dhs.wisconsin.gov).

For [additional information and resources on BBPs](http://www.dhs.wisconsin.gov/hai/health-pros-exposures.htm) visit [www.dhs.wisconsin.gov/hai/health-pros-exposures.htm](http://www.dhs.wisconsin.gov/hai/health-pros-exposures.htm).