

Bloodborne Pathogens

OAR 437
Division 2/Z

Bloodborne Pathogens

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General Requirements

Hepatitis B and C and human immunodeficiency virus (HIV) are examples of bloodborne pathogens that can cause disease in humans. The bloodborne pathogens standard details what employers must do to protect workers whose jobs put them at risk of coming into contact with blood and other potentially infectious materials (OPIM) that can cause serious illness or death.

All Oregon employees with exposure to blood or OPIM are covered under 1910.1030, Bloodborne Pathogens. The standard requires employers to do the following:

- Conduct an exposure determination to identify occupationally exposed employees.
- Establish an exposure-control plan to eliminate or minimize employee exposures. Review and update the plan annually to reflect technological and procedural changes. **OAR 437-002-1030, Additional Oregon Rules for Bloodborne Pathogens**, requires an annual evaluation involving front-line employees to identify and select engineering and work-practice controls, including safer medical devices.
- Use engineering controls 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.
- Enforce work-practice controls that reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for hand washing, sharps disposal, specimen packaging, laundry handling, and cleaning contaminated material.
- Establish housekeeping practices that keep the worksite clean and sanitary. Implement written procedures for cleaning and decontaminating work surfaces.
- Select and provide personal protective equipment (PPE) such as gloves, gowns, and masks and ensure its use. Clean, repair, and replace this equipment as needed.
- Make hepatitis B vaccinations available to all employees with occupational exposure to bloodborne pathogens within 10 days of assignment at no cost to the worker.
- Provide post-exposure follow-up at no cost to workers who experience an exposure incident. This includes providing a confidential medical evaluation; identifying and testing the source individual, if feasible; testing the exposed employee's blood upon consent, performing post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. Seek medical treatment and follow-up immediately for timely administration of post-exposure prophylaxis. All diagnoses must remain confidential.
- Use labels and signs to communicate hazards. Attach warning labels to containers of regulated waste, refrigerators and freezers, and other containers used to store or transplant blood or OPIM. Facilities may use red bags or containers instead of labels. Post signs to identify restricted areas.
- Provide information and training to employees on initial assignment, then at least annually. Ensure that training covers the dangers of bloodborne pathogens, preventive practices, and post-exposure procedures. Keep training records, containing the training date, training content, name and qualification of the trainer, and the name and job title of trainee, for three years.
- Maintain medical records for the duration of employment plus 30 years, in accordance with **1910.1020, Access to Employee Exposure and Medical Records**. Maintain sharps injury logs for five years.



Exposure Determination

An exposure determination is the employers' risk assessment that evaluates and determines if employees have reasonably anticipated contact with human blood or other potentially infectious materials through the skin, eye, mucous membrane or through other means such as a injury from a contaminated needle or sharp object. Gloves or the use of other personal protective equipment is not a consideration when making the exposure determination.



Exposure to bloodborne pathogens is an occupational hazard for healthcare, emergency, or public safety personnel in occupational work environments and for first-aid providers who render assistance at a first-aid station, clinic, dispensary or other locations where injured employees routinely go for assistance. Bloodborne pathogen exposure hazards exist for other workers, and include, among others, body piercers, day care workers, funeral service employees, and employees who clean-up blood or remove and dispose of needles. Where exposure to bloodborne pathogens is reasonably anticipated, full compliance with the standard is required.

Collateral Duty

Employers may choose to train employees in first aid and CPR. Their role in the emergency medical plan may be to assist coworkers if a workplace incident occurs. Under this scenario, their potential exposure to bloodborne pathogens is limited, most likely resulting from an exposure incident while providing assistance. This role is characterized as a collateral duty. Incidental clean-up of blood or removal of a discarded needle may also fall under collateral duty. The employer's responsibility is to offer the hepatitis B vaccination to the employee after these types of responses and provide post-exposure follow-up immediately if an exposure incident occurs. The exposure control plan, training, procedures for post-exposure follow-up and other rule requirements must already be in place.

Good Samaritan Acts

A Good Samaritan is someone who renders emergency care or first aid at the scene of an accident. If the employer does not require employees to render first aid, the responder is considered a member of the general public for the duration of the response. Employees trained in first aid but who are not expected to render aid are Good Samaritans. Nothing in 1910.1030 applies when the incident is a Good Samaritan act. Employers are not required to provide post-exposure follow-up, medical evaluations, recordkeeping, or other rule requirements in the event of a blood or OPIM exposure incident, although OR-OSHA promotes these actions.

Antibody Testing

OR-OSHA requires employers to provide medical evaluations, offering the hepatitis B vaccine and post-exposure evaluation and follow-up, including prophylaxis according to recommendations of the U.S. Public Health Service (1910.1030(f)(1)(ii)(D)), i.e., the Centers for Disease Control and Prevention (CDC).

Employers must provide post-vaccination testing for antibody to hepatitis B surface antigen (anti-HBs) for health-care personnel who have blood or patient contact and who are at ongoing risk for injuries with sharp instruments or needlesticks. CDC defines health-care personnel as those whose activities involve contact with patients or with blood or other body fluids from patients in a health-care, laboratory, or public-safety setting. Antibody testing is required approximately two months after the employee finishes the vaccination series.

Sharps

The standard requires employers to implement the use of sharps with engineered sharps injury protection (SESIP) that do not compromise worker or patient safety or the outcome of the medical procedure. To meet the definition of a SESIP in the standard, a device must have a "built-in safety feature or mechanism that effectively reduces the risk of an exposure incident" when used for withdrawing body fluids, accessing a vein or artery, or administering medications, immunizations, or other fluids.

Resources

For the full text of OR-OSHA's bloodborne pathogens rule, refer to **OAR 437, Division 2/Z, 1919.1030 Bloodborne Pathogens**. Industry-specific standards are also found at OR-OSHA's Web site, www.orosha.org, (Rules/Laws).

Related resource links

Bloodborne pathogen rule:

www.cbs.state.or.us/external/osha/pdf/rules/division_2/div2z-1030-bloodborne.pdf

Interpretation letter:

www.cbs.state.or.us/external/osha/interps/1997/uofocoll.pdf

Program directive:

www.cbs.state.or.us/external/osha/pdf/pds/pd-154.pdf

Pamphlet:

www.cbs.state.or.us/external/osha/pdf/pubs/2261.pdf

CDC guidelines:

www.cdc.gov/mmwr/PDF/RR/RR5011.pdf

