

BLOODBORNE PATHOGEN PROTECTION PROGRAM

Program Element

[R2-10-207\(10\)\(m\)](#)

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

If agency staff have the potential to come into contact with pathogens and/or infectious microorganisms present in blood or other bodily fluids a bloodborne pathogens program is required. The Occupational Exposure to Bloodborne Pathogens, OSHA standard became effective in 1991 to address significant health risks 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.

An agency policy can serve as the agency's written program if the policy contains all of the program's required components.

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| Definition: | “Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV).” (osha.gov) |
| Why do I need this program? | <p>Exposures to blood and other body fluids occur across a wide variety of occupations. Healthcare workers, emergency response and public safety personnel, and other agency workers can be exposed to blood through needle sticks, sharps, and other potentially infectious materials. 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>A written program is 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 (OPIM). The plan describes how an agency will implement a combination of engineering controls, work practices, personal protective equipment, training, and medical surveillance.</p> |
| How do I know if this program applies to my agency and my specific job hazards? | Each agency must determine if the employee(s) have “reasonably anticipated occupational exposure” including skin, eye, and mucous membrane contact with blood or OPIM. This is done by conducting an exposure determination where job classifications and tasks are reviewed to determine if occupational exposure can be reasonably anticipated. The |

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| | <p>determination should take into account the following:</p> <ol style="list-style-type: none"> 1. Occupations with exposure during normal job duties, and 2. Occupations that <u>may</u> be exposed from some tasks or grouping of tasks occurring less frequently, during normal job duties. |
| <p>What are the minimum required elements and/or best practices for a Bloodborne Pathogen Program (BBP)?</p> | <p>An exposure control plan is the framework for compliance with the OSHA's Bloodborne Pathogens Standard. The written plan is a requirement for employer compliance to properly protect its workers from bloodborne and other potentially infectious materials (OPIM). A bloodborne pathogens plan is comprised of the following seven elements:</p> <ol style="list-style-type: none"> 1) Exposure determination - includes departments and tasks with the potential of occupational exposure to infectious materials. 2) Methods of implementation and control, including: <ol style="list-style-type: none"> a) An exposure control plan - outlining processes and procedures to prevent and correct exposures. b) Engineering controls and work practices - identifying usage methods and work practices. c) Personal protective equipment - ensure the correct PPE is available and that training is provided on its correct usage. d) Housekeeping - outlines the proper use and procedures to handle, clean, and dispose of contaminated materials. e) Laundry - procedures to appropriately treat or dispose of contaminated clothing to include usage of the red leak-proof biohazard symbol bags. f) Labels - equipment including waste receptacles, refrigerators, and locations where potentially infectious materials are located must be labeled with identifying tags, stickers, or markings. To identify them as hazardous and warn employees. 3) Hepatitis B Vaccination - employees who, as part of their job will be exposed to potentially infectious bodily fluids will be provided training and vaccines. 4) Post-exposure evaluation and follow-up - immediately after an exposure event, a confidential medical evaluation and follow-up will be conducted. 5) Communication of hazards and training - Every worker who has occupational exposure to bloodborne pathogens receives training about what it is, symptoms, and transmission of these diseases. 6) Record keeping - OSHA requires employers to maintain the following records for the following: <ol style="list-style-type: none"> a) Training, b) Medical, |

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| | <p>c) Incident, and d) Sharps injury records</p> <p>7) Administration of post-exposure incidents - In the case where an employee has been exposed, the employer is required to examine the plan, process, and procedures surrounding the employee for the purpose of preventing future exposure.</p> |
| <p>Are there any mandatory training requirements or best practices that must be developed by the agency?</p> | <p>Per 29 CFR 1910.1030, employee exposure requires a program that protects workers and includes a written Exposure Control Plan (ECP) designed to eliminate or minimize employee exposure.</p> <p>All employees having 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"> ● Copy and explanation of the OSHA bloodborne pathogen standard and ECP ● Methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident ● Use and limitations of engineering controls, work practices, and personal protective equipment (PPE) ● Types, uses, location, removal, handling, decontamination, and disposal of PPE ● Explanation of the basis for PPE selection ● Information on the hepatitis B vaccine, including efficacy, safety, administration, benefits, and that the vaccine will be offered free of charge ● Procedures to take in an emergency involving blood or OPIM ● 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 ● Post-exposure evaluation and follow-up ● Signs and labels and/or color coding <p>AZ State Risk Management offers training on a variety of safety and risk-related topics through the State's Employee Learning Portal (search the Library using the keyword "Loss Prevention")</p> <p>General awareness training includes:</p> <ul style="list-style-type: none"> ● ADRISKBBP, Bloodborne Pathogens - Managing the Risk ● ADRISKCBF, How to clean up Blood and Body Fluid Spills |

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

Records should be maintained per 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.

Training Records:

All formal and informal training should be documented and include the following:

- Topic of training conducted
- Date and location of training
- Instructor name and qualifications
- Length of training course
- Topics covered in the training or presentation
- Participant(s) name and job title
- Optional: Signature of the participant (sign-in sheet or roster recommended for in-person training)

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.

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

Loss Prevention Consultants are available who can assist managers and supervisors in identifying potential hazards, and guide agencies on the establishment of program elements.

For assistance contact State Risk Management, Loss Prevention at rmdlossprevention@azdoa.gov.

Additional Resources

- [Sample Template Bloodborne Pathogens Program](#)
- [OSHA worker protections against occupational exposure to infectious diseases](#)
- [CDC| Information for Employers, Complying with OSHA's Bloodborne Pathogens Standard](#)
- NIOSH Bloodborne Infectious Diseases: HIV/Aids, Hepatitis B, Hepatitis C [Bloodborne Infectious Diseases | NIOSH | CDC](#)
- Safety and Health Topics, Bloodborne Pathogens and Needlestick Prevention [Bloodborne Pathogens - Overview | Occupational Safety and Health Administration](#)
- [OSHA FACT SHEET BLOODBORNE PATHOGENS STANDARD](#)
- [Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards](#)