

Bloodborne Pathogens Standard

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1910.1030(a)

1. **I have a child daycare business with employees. Does the bloodborne pathogens standard apply to me?**

Yes, if any employees of a child daycare business are required to be trained in first aid and CPR, and have been designated by their employer as being responsible for providing this type of medical assistance. This designation can be either oral or written. For these employees, the employer must comply with all of the provisions of the standard except paragraph (e) including, but not limited to, implementing a written exposure control plan, offering the hepatitis B vaccine series at no cost to employees, and initial and annual training. [1910.1030(a); 1910.1030(c)(2)(i)]

2. **Does a veterinary hospital have to provide the hepatitis B vaccine series to its employees?**

The bloodborne pathogens standard applies to employers whose employees have occupational exposure to blood and other potentially infectious materials. The standard defines "blood" as human blood, human blood components and products derived from human blood. In addition, animal body fluids are included as other potentially infectious materials only if obtained from experimental animals treated with HIV and/or HBV. Otherwise, in a veterinary setting occupational exposure can only arise if employees are designated as being responsible for providing first aid and CPR. If none of these conditions exists, then the bloodborne pathogens standard does not apply, including the requirement to offer the hepatitis B vaccine series. [1910.1030(a); 1910.1030(b) {definitions of "blood" and "OPIM"}]

1910.1030(b)

1910.1030(c)(1)

1910.1030(c)(2)

1910.1030(d)(1)

1910.1030(d)(2)

1. **Is the use of the EpiPen by EMT-D personnel instead of a syringe with a safe needle device a violation of paragraph (d)(2) of the Bloodborne Pathogens standard, 29 CFR 1910.1030?**

Medical professionals and credentialed emergency responders are allowed to provide only those services/treatments that are within the scope of their license or certification. If EMT-D personnel are only allowed to administer epinephrine via EpiPen and these are not available with a safety needle device at this time, then no violation of the Bloodborne Pathogens standard exists.

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This information must be documented as part of the requirements of the employer's Exposure Control Plan (ECP), specifically paragraph (c)(1)(iv). This same paragraph requires the employer to review the ECP at least annually or whenever necessary to consider the availability of new medical devices. If epinephrine auto-injectors with safety devices become commercially available in the future, the employer is required to evaluate them for use in the work environment. [1910.1030(d)(2)(i)]

2. Should contaminated sharps that do not have engineered sharps injury protection be covered prior to disposal into a sharps container?

When the use of a SESIP is judged to be infeasible because it compromises patient safety, employee safety or proper delivery of medical care, the used contaminated medical sharp device must be disposed of directly into an appropriate sharps container without attempting to cover the sharp. Specifically, the bloodborne pathogens standard states: "Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure."

[1910.1030(d)(2)(vii)(A)]

1910.1030(d)(3)

1. Are there any standards for wearing OR scrubs from your house into the OR and not changing clothes? This also includes shoes and jacket.

The issue of wearing clean scrubs from your home to the OR is not covered by the NC-OSHA bloodborne pathogens (BBP) standard, which was adopted verbatim from the federal OSHA BBP standard, 29 CFR 1910.1030. However, the standard does prohibit the home laundering of contaminated scrubs or other clothing which has become contaminated with blood or other potentially infectious material (OPIM).

If your scrubs or shoes become contaminated with blood or OPIM while at work, your employer has the responsibility to ensure that they are replaced and properly laundered. Therefore, if you are wearing them as work clothes or as a uniform, then your employer must provide you with appropriate personal protective clothing to wear over the scrubs to prevent contamination with blood and OPIM. [1910.1030(d)(3)(iv) - (viii)]

2. We work in the lab in a doctor's office. Is there any OSHA regulation which prohibits the use of hand lotions for dry skin?

The use of hand lotions in a medical or laboratory setting is not prohibited. However, be aware that skin lotions that have a petroleum base may damage latex gloves and break down the protective barrier. [1910.1030(d)(3)(ix)(A)]

3. Is there an OSHA regulations that states backless shoes (clogs, sandals, Crocs) cannot be worn in a medical office?

If there is no risk of potential contact of the exposed skin of the feet with blood or other potentially infectious materials, as the latter term is defined in the bloodborne pathogens standard, or exposure to hazardous chemicals that could be absorbed through the skin of the feet, then the wearing of these types of footwear would not be prohibited by occupational safety and health standards. [1910.1030(d)(3)(ix); 1910.132(a)]

However, North Carolina is an employment-at-will state. This means that your employer can require a dress code at work, including prohibiting the wearing of backless shoes

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provided that doing so does not violate any existing law or regulation such as the Americans with Disabilities Act or does not unlawfully discriminate against any group. Information regarding employment-at-will can be accessed through the NC Department of Labor Web site at <http://www.nclabor.com/wh/fact%20sheets/eaw.htm>.

1910.1030(d)(4)

- 1. Do soiled utility rooms in N.C. hospitals have to be locked or is a biohazard sign placed on the soiled utility room good enough? Items in soiled utility rooms may include filled biohazard red bags waiting to be picked up and dirty instruments in containers waiting to go to sterile processing or to be cleaned.**

There is no requirement in NC-OSHA standards, in particular the bloodborne pathogens (BBP) standard (1910.1030), to lock soiled utility rooms in hospitals or in any other healthcare facility. The BBP standard does require appropriate containment and labeling of regulated waste, as that term is defined in the BBP standard. In North Carolina, medical waste disposal is regulated by the Solid Waste Section of the Division of Waste Management, NC Department of Environment and Natural Resources. [1910.1030(d)(4)(iii)]

Regarding signs, the BBP standard only requires signs be posted at entrances to work areas specified in paragraph (e), HIV/HBV research laboratories and production facilities. Posting a biohazard sign on the door where biohazard bags are stored prior to pick up would not be in violation of the standard. However, I suggest that this be covered during employee training, both initial and annual, to prevent any unnecessary panic or concern. [1910.1030(g)(1)(ii); 1910.1030(g)(2)(vii)(M)]

- 2. Our physician's practice utilizes red bags for our biohazardous waste. We were recently told by our new cleaning company that we needed an OSHA certified handler to take our waste from the exam rooms and put them in the approved containers to be removed by the biohazardous waste handlers. Is it true that OSHA requires a certified individual to handle this waste? Our nurses, aides and cleaning crew cannot remove this waste from the examination rooms?**

The term 'OSHA certified' [waste] handler is misleading. If you have been trained in accordance with the bloodborne pathogens (BBP) standard, 29 CFR 1910.1030, then you can transfer 'regulated waste' (as that term is defined in the BBP standard) from individual exam rooms to the waste transfer containers without enlisting the services of a special carrier. Neither federal OSHA nor NC-OSHA certifies individuals for waste handling nor do they approve products.

- 3. Is it required to dispose of a urine specimen cup used for collecting a specimen for drug testing and the disposable, latex gloves used in handling the specimen cup as regulated medical waste, or can they be placed in a standard waste receptacle?**

The Bloodborne Pathogens standard (29 CFR 1910.1030, hereinafter as "standard") applies to all occupational exposure to blood and other potentially infectious materials. However, the definition of "other potentially infectious materials" in paragraph (b) of the standard does not apply to urine, feces, vomitus, or saliva not associated with dental procedures unless there is visible blood, or unless circumstances (e.g., poor lighting) prevent a determination of the presence of visible blood.

Paragraph (d)(4)(iii) sets forth the requirements for labeling and containing regulated waste within an occupational setting. In addition, (d)(4)(iii)[C] states that the disposal of

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regulated waste must be in accordance with “applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.” Thus, if the items in question do not meet the definition of regulated waste found in paragraph (b) of the standard, they do not have to be segregated from other waste streams within the workplace. [1910.1030(d)(4)(iii)(C)]

In North Carolina, the North Carolina Department of Environment and Natural Resources Waste Management Division, Solid Waste Section administers rules that define and prescribe the treatment and disposal of regulated medical waste. Questions regarding the disposal of medical waste should be directed to this agency at the following address and telephone number: 401 Oberlin Road, Raleigh, North Carolina 27605; telephone: (919) 733-0692.

1910.1030(f)(1)

1. Do employees applying for work as healthcare workers have to pay for TB skin tests, hepatitis B vaccines and post-series titer tests?

No. Employers are required to provide the hepatitis B vaccine series and post-exposure evaluation and follow-up, including prophylaxis, at no cost to employees who have occupational exposure to blood and other potentially infectious materials. [1910.1030(f)(1)(ii)(A)]

Regarding TB skin tests, the enforcement policy regarding occupational exposure to tuberculosis, OSHA Instruction CPL 02-00-106 (CPL 2.106), applies the General Duty Clause to require employers to provide tuberculin skin tests at no cost to employees. Finally, North Carolina General Statute § 14-357.1 prohibits employers from requiring employees to pay the cost of medical exams or the cost of furnishing medical records as a condition of employment.

1910.1030(f)(2)

1. My company provides outpatient services for the mentally ill and I provide the hepatitis B vaccine series to the employees who provide the outpatient services. Some employees get the first vaccination but fail to show up when their second vaccination is due? Am I going to be fined if they do not get their second or third vaccinations?

Your company will not be in violation of this requirement of the Bloodborne Pathogens (BBP) standard as long as you document in the employee files your attempts to inform the employees about their scheduled vaccinations. The BBP standard only requires that you make the hepatitis B vaccine series and post-exposure evaluation and follow-up available at no cost to employees who have occupational exposure to blood and other potentially infectious materials. It does not compel the employee to undergo this or any other invasive procedure. However, it does require the employer to obtain a signed declination form from the employees who decline the vaccine. This form becomes part of each employee's medical record. [1910.1030(f)(1)(ii)(D); 1910.1030(f)(2)(i)]

1910.1030(f)(3)

- 1. Is consent required for source individual testing in North Carolina?**
- 2. Do any laws compel an inmate to be tested when a correctional officer is injured while breaking up a fight?**

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State public health laws (10A NCAC 41A.0202 and .0203) compel the source individual to be tested for human immunodeficiency virus (HIV) and hepatitis B virus (HBV). [1910.1030(f)(3)(ii)(A)]

3. Our medical practice was cited for not having procedures regarding rapid HIV testing. Is this required?

Yes. Employers are required to provide the hepatitis B vaccine and post-exposure evaluation and follow-up in accordance with the current U.S. Public Health Service (US PHS) recommendations. Rapid HIV testing is included in the US PHS recommendations published in the June 29, 2001 *Morbidity and Mortality Weekly Report*, Volume 50, No. RR-11. [1910.1030(f)(1)(ii)(D)]

1910.1030(g)(2)

1. Can our medical practice do our annual training on-line rather than face to face group training which is currently being done? I was told that most hospitals and other large groups have been using on-line training successfully for years.

The Bloodborne Pathogens standard requires employee training to provide an opportunity for interactive questions and answers with the person conducting the training. On-line training without direct access to a knowledgeable person who can answer questions that arise during training does not fulfill this requirement and is in violation of the standard. [1910.1030(g)(2)(vii)(N)]

2. How soon after hiring an employee am I required to train them? After 90 days or immediately?

Training required by the Bloodborne Pathogens standard must be provided at the time of initial assignment to tasks where occupational exposure to blood and other potentially infectious materials may take place and at least annually thereafter. The requirement for annual training means training must be conducted within 12 months of the initial or previous annual training. [1910.1030(g)(2)(ii)(A)-(C)]

3. Can an employer put mandatory annual training for employees (such as bloodborne pathogens, disaster preparedness, hazard communication, etc.) online or in a computer accessible format if employees are tested about the information and if a safety officer is available to answer any questions an employee may have during or after the training?

Any employer can use computers to satisfy all or part of the training requirements for many standards. The inherent problem with computer training is that it is often generic in nature and does not address issues unique to the employees' work environment. The Bloodborne Pathogens standard has specific training requirements to include site-specific procedures, including the Exposure Control Plan, and that someone be available to answer questions and concerns. [1910.1030(g)(2)(vii)(N)]

4. How do I get certified to teach bloodborne pathogens?

The North Carolina Department of Labor, Division of Occupational Safety and Health ("OSHNC" or "NC-OSHA") does not certify trainers for compliance with the bloodborne pathogens standard or approve training courses for fulfilling the requirement of the standard that the individual be knowledgeable in the subject matter covered by the elements as it relates to the specific workplace. [1910.1030(g)(2)(viii)]