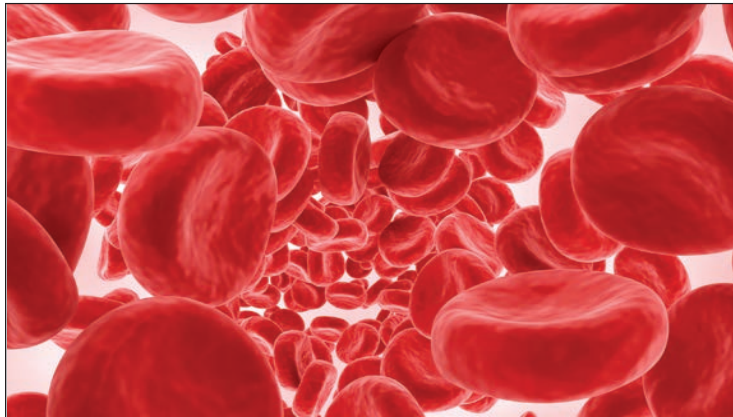




## Dealing with Bloodborne Pathogens

The term “bloodborne pathogens” includes bacteria and viruses that are carried in the blood that can make someone—like you or an employee of your company—sick. Some pathogens carried in blood or bodily fluid (like HIV) sound scary but aren’t likely to be transmitted via the domestic septage that is found in portable restrooms because the virus simply doesn’t live long enough outside the human body to infect someone new. Other pathogens are quite transmittable and can cause long-term, chronic health conditions. The various types of hepatitis generally fall into this category.



Although workers in the portable sanitation industry rarely deal with blood, the rules of government agencies such as OSHA extend to OPIM, or “other potentially infectious material.” That’s any type of bodily fluid besides blood



that can cause exposure to bad pathogens.<sup>1</sup> Included on the OPIM list is, “All body fluids where it is difficult or impossible to differentiate between body fluids.” So while urine and feces are not specifically listed as OPIM, it is difficult to argue that you can safely differentiate what is in the tank to be absolutely certain there’s no OPIM there. And who hasn’t found a needle or some other suspect item in a portable restroom?

On this basis we conclude the standards pertaining to bloodborne pathogens and OPIM do apply to our industry insofar as worker safety is concerned. That is because the standard protects workers who can “reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.”

The requirements of OSHA’s Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations ([29 CFR 1910.1030](#)). Your state may have its own standard that is more stringent—but in the US at least, the local standard cannot be less stringent than the federal one, which states what employers must do to protect workers. In general, the standard requires employers to:

- **Establish an exposure control plan (ECP).** This is a written plan to eliminate or minimize occupational exposures. Within it you need a list of all the jobs in your company where exposure to blood or OPIM can be reasonably anticipated—along with a list of the tasks and procedures performed by those workers that result in their exposure. You must also document how you determined this and describe your company’s procedures to eliminate or minimize the risk. See the box on page x for more on what must be included in your ECP.
- **Update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the ECP that they have considered and begun using.

<sup>1</sup> OSHA lists these as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.



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These items include appropriate, commercially available effective safety devices (gloves, masks, face shields, waterproof clothing, etc.) designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from front line workers in identifying, evaluating, and selecting effective engineering and work practice controls.

- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens). This means using gloves, masks or face shields, and protective clothing if blood or OPIM exposure is anticipated. Use of engineering and work practice controls to limit exposure is also part of universal precautions.
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include things like having tongs for removing sharps safely from the tank and disposal containers on the trucks.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps and cleaning contaminated surfaces and items. The controls will vary by portable sanitation company due to the variances in types of equipment, but your exposure control plan should cover the procedures you have put in place and trained employees to use to make the most of your equipment and use it in a manner that minimizes risk.
- **Provide personal protective equipment (PPE) for employees** at risk of exposure to bloodborne pathogens and OPIM. The PSAI standard for PPE includes—at a minimum—hard hats, waterproof gloves, eye protection (such as safety glasses or face shields), and waterproof boots with steel or composite toes. Some insurance companies also require waterproof clothing, as well, and some job sites, such as mines and power plants, have additional PPE requirements unrelated to bloodborne pathogens. Whatever PPE is required to protect your employees, it is your responsibility as the employer to clean, repair, and replace this equipment as needed. Provision, maintenance, repair, and replacement must be at no cost to the worker.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard, including but not limited to:
  - » Information on bloodborne pathogens and diseases.
  - » Methods used to control occupational exposure.
  - » Hepatitis B vaccine, medical evaluation, and post-exposure follow-up procedures.



Employers must offer this training at the time of initial assignment to the position where the worker may be exposed, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

Bloodborne pathogens training resources can usually be obtained through your local Red Cross, or you can contract with commercial vendors to supply it for you.



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- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances.

Of course, there's always more to learn. For additional information, go to OSHA's [Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics](#) website. The [Centers for Disease Control](#) (CDC) also has some good resources. More questions? Let the PSAI know and we'll research it for you. ❖

## Writing and Maintaining Your Exposure Control Plan (ECP)

To satisfy OSHA's requirements, an ECP must include:

- The exposure determination, which identifies job classifications with occupational exposure and tasks and procedures where there is occupational exposure, and that are performed by employees in job classifications in which some employees have occupational exposure.
- The procedures for evaluating the circumstances surrounding exposure incidents.
- A schedule of how other provisions of the standard are implemented, including methods of compliance, HIV and HBV research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees, and record keeping.

Methods of compliance include:

- » Universal precautions
- » Engineering and work practice controls such as safer medical devices, sharps disposal containers, hand hygiene, and so on
- » Personal protective equipment
- » Housekeeping, including decontamination procedures and removal of regulated waste
- Documentation of:
  - » The annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, and
  - » The solicitation of non-managerial healthcare workers (who are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps) in the identification, evaluation, and selection of effective engineering and work practice controls.

The ECP must be reviewed and updated at least annually, and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

