Topics in this newsletter

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- UMaine SEM Staff Changes
- Reminder about Campus Alert System
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This Month’s Topic Reminder – Bloodborne Pathogens Program Review

Test your knowledge on Bloodborne Pathogens… Answer ‘True’ or ‘False’ for the following questions. The answers are on the next page.

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<tr>
<td><strong>1.</strong></td>
<td>Bloodborne pathogens are infectious microorganisms in human and animal blood that can cause disease in humans.</td>
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<td><strong>2.</strong></td>
<td>Occupational exposure is defined as contact with blood that only result from needlesticks in the performance of an employee's duties.</td>
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<td><strong>3.</strong></td>
<td>OSHA requires that personal protective equipment (used for Bloodborne Pathogens) be removed before leaving the work area.</td>
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<td><strong>4.</strong></td>
<td>An annual review of the exposure control plan is required and whenever changes in tasks, procedures, or employee positions affect, or create new occupational exposure.</td>
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<td><strong>5.</strong></td>
<td>The Bloodborne Pathogens Standard is not required for employees that are trained and designated as responsible for rendering first aid as part of their job duties.</td>
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Now that you’ve answered the questions, and reviewed the answers, how did you do? If you have an occupational exposure to human blood, and other potentially infectious materials, and you missed a couple questions, it might be useful to review your department’s **Exposure Control Plan** and also ensure that you have the **required annual training**.

- The Exposure Control Plan is your department’s written program that outlines the protective measures that will be taken to eliminate or minimize an employee’s exposure to blood and other potentially infectious materials (OPIM). As mentioned in the quiz above, the Exposure Control Plan must be reviewed annually and whenever you have a change in the employee’s task or procedures.
- All employees with occupational exposure must receive initial and annual training. In addition, training must be provided when changes (e.g., modified/new tasks or procedures) affect a worker’s occupational exposure.

More Information:

- Please see the attached OSHA Fact Sheet for helpful information about the Bloodborne Pathogens Standard.
- Also, if you have any questions about your Bloodborne Pathogens Program, please contact us at sem@maine.edu or give us a call at 581-4055.
UMaine SEM Staff Changes

One of our staff members, Harry Flower, has recently left the UMaine Safety and Environmental Management department. He has been a valued member of our team for about 6 years. His last day was November 14, 2016

We extend our best wishes to Harry in his future endeavors. For any assistance that you may need, you may either contact our general office phone number at 581-4055, or email us at sem@maine.edu

Reminder to Sign up for your Campus Alert System

Please remember to sign up (or check that your account is active) for your campus alert system that allows anyone in the campus community to receive alerts, class cancellations/campus closings due to inclement weather, or other emergency information via electronic notifications.

Spot the Safety Violation(s)

![UMS campus dormitory (holiday lighting in room)](image)

NOTE: When we observe these hazards, we immediately notify the area supervisor or the campus Facilities Management.

Bloodborne Pathogens Quiz Answers:

1. False
2. False
3. True
4. True
5. False
OSHA’s Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA’s Bloodborne Pathogens Standard

All of the requirements of OSHA’s Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard’s requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, 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.

In general, the standard requires employers to:

• Establish an exposure control plan. This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.

• Employers must 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 plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline 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).

• Identify and use engineering controls. These are devices that isolate or remove the bloodborne pathogens 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.

• 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, handling specimens, handling laundry, and cleaning contaminated surfaces and items.

• Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks. Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.

• 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.
under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker’s blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.

- **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, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker’s occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with 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.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

**Additional Information**

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: https://www.osha.gov/SLTC/bloodbournepathogens/index.html.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the “U.S. Department of Labor” listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one of a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.