

Health and Safety Fact Sheet



Bloodborne Pathogens

A Publication of New York State United Teachers

Why is exposure to these pathogens a concern for NYSUT members?

Everyday, NYSUT members who are healthcare personnel, school nurses and health aides are potentially exposed to patient/student blood and body fluid contaminated with blood. That exposure puts them at risk of exposure to bloodborne pathogens (BBP). Other school employees such as physical education teachers, coaches, custodians, paraprofessionals assigned to assist students with health needs, school security officers, and those who work with children prone to biting are also at some risk. Our members don't always know who may be infected. Many of these infections have long latency periods before they cause disease.

What are Bloodborne Pathogens?

A **bloodborne pathogen (BBP)** is a microorganism in human blood that can cause disease. Of primary concern are the hepatitis B virus (HBV), Human Immunodeficiency virus (HIV), and Hepatitis C (HCV) virus. They are transmitted by contact with blood or contaminated body fluids. Affected persons often have chronic infections and can transmit the BBP years after the initial infection.

There is no complete information on the exposure of NYSUT members. We do know that up to 800,000 needlestick injuries may occur annually among all U.S. health care workers (both hospital-based workers and those in other health care settings). NYSUT members may be potentially exposed to thousands of adults and children who are infected with these pathogens. Control of exposure at work requires a comprehensive approach that includes training, safe equipment, record keeping, and personal protective equipment.

In 1991, OSHA issued a bloodborne pathogens standard (29CFR 1910.1200) to protect at risk workers. The standard has requirements for employers to reduce or eliminate exposure for workers exposed to blood or other potentially infectious materials. This fact sheet outlines those requirements.

The Exposure Control Plan

The standard requires employers to implement an *exposure control plan* detailing employee protection measures. The Plan must identify or document, in writing:

- Tasks and procedures as well as job classifications **where workers who could be “reasonably anticipated” to have occupational exposure to blood occurs**--without considering personal protective clothing and equipment.
- **Tasks, procedures and job titles where occupational exposure to blood occurs**
- The **schedule for implementing other parts** of the standard and the procedure for evaluating circumstances surrounding exposure incidents.
- **Annual training**, provided during work hours, that includes: what's in the standard, nature and spread of bloodborne pathogens, the employer's plan, how to identify and respond to exposure incidents, the use of personal protective equipment, the right to receive or decline the HBV vaccine
- Post-exposure follow-up for employees who have reported an exposure incident, including providing immediate medical follow-up, testing employee's blood, and counseling.

- An **annual review and update** that reflect changes in technology that eliminate or reduce worker exposure AND employer consideration and implementation of appropriate, commercially available and effective engineering controls
- Non-managerial **employee input** regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices.

The plan must be accessible to employees and their unions and available to OSHA.

Protecting Yourself: Universal Precautions

“*Universal precautions*” is short-hand for an approach to infection control that requires people to treat **all** human blood and certain human body fluids as if they were infected with HIV, HBV and other bloodborne pathogens, The Standard says employees must follow Universal Precautions to prevent contact with blood or other potentially infectious materials.

Some common and effective universal precautions are:

- Use of Personal Protective Equipment (PPE): gloves, masks and protective eye wear. These must be provided by the employer at no cost to the worker
- Placement of barriers such as tissues or a towel between a caregiver and a bleeding person or ask them, if they’re able, to do it themselves, i.e. wipe own nose or apply pressure to wounds
- Hand washing with soap and water or use waterless sanitizing cleansers immediately following body fluid contact and glove removal

The Hepatitis B Vaccination

An important additional protection from the hepatitis B virus is the HBV vaccine. Under the OSHA bloodborne standard, employers must offer the vaccine to workers whose job classifications, tasks and procedures put them at risk of exposure. Employers pay for the full cost of the vaccine.

Workers may refuse the vaccine when it is first offered, but can change their mind at a later date

Special Workplaces: Home Health Services (HHS):

Home Health Services (HHS) cannot be cited by OSHA for site-dependent items such as housekeeping, use of PPE, specific work practices and use of engineering controls.

HHS are responsible for non-site specific requirements including the exposure control plan, the HBV vaccine, post exposure follow-up, recordkeeping, generic training, and supply of appropriate PPE.

How NYSUT Can Help

Your NYSUT Labor Relations Specialist and the NYSUT Health and Safety Specialist can help make sure your employer implements an exposure control program for your workplace, offers required training and the HBV vaccine. If necessary, they can also help with the filing of an OSHA complaint to force the employer to follow the law.

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