BLOODBORNE PATHOGENS EXPOSURE

I. PURPOSE

This Directive states the policy and procedures to be followed to avoid exposure to bloodborne pathogens.

II. AUTHORITY

Federal Grain Inspection Service (FGIS) Directive 370.3, dated 12/12/90, covers policy, general responsibility, and actions required. PL 91-596 "Occupational Safety and Health Act," (OSHA) of 1970, 29 CFR 1960 "OSHA Programs," and OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 are applicable. (See Attachment 1.)

III. DEFINITIONS

A. Infectious materials means human body fluids: semen, vaginal secretions, amniotic fluid, saliva, blood, and all body fluids where it is difficult or impossible to differentiate between body f

B. Exposure means reasonably anticipated skin, eye, or mucous membrane contact with an infectious material which is not ingested.

C. Exposure incident is defined as a specific contact of blood or other potentially infectious materials with a person's eye, mouth, other mucous membrane, non-intact skin, or by parenteral contact (i.e., by a puncture wound or cut with a contaminated object, such as a hypodermic needle, razor blade, thumbtack, etc).

D. Personal protective equipment means items an individual employee may use to prevent contamination by potentially infectious material. In the case of bloodborne pathogens, personal protective equipment includes gloves, eye projection or face shield, and masks covering the mouth. (See specific information below.)

E. Universal precautions are defined as the standard precautions all persons should use to prevent contact with blood or other potentially infectious materials whenever these situations occur or are anticipated.

Universal precautions include standard work practices and the use of personal protective equipment, such as gloves, protective clothing, eye protection, and/or masks. (See more information in Section VI.B.I., below.)

F. Bloodborne Pathogens are defined as microorganisms, such as bacteria, funguls, or viruses, present in human blood which can cause disease in humans. Bloodborne pathogens include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency virus (HIV or AIDS).

G. Other Potentially infectious materials are defined as body fluids and tissues other than blood which are potentially capable of causing disease. The OSHA standard specifically defines other potentially infectious materials as: semen, vaginal

secretions, fluids from internal body spaces (such as spinal fluid or joint fluid), any body fluid visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids. Also included are any human tissues other than intact skin (unless the tissue has been fixed by histology procedures) and tissue culture. The OSHA standard does not specifically include tears, vomit, urine, or feces unless visibly contaminated with blood. However, from a practical point of view, tears, vomit, urine, and feces should be regarded by employees as if they were potentially infectious, and they should use the same precautions used to deal with blood and the other potentially infectious material specifically mentioned in the Standard. Tears, vomit, urine, and feces need not be disposed as hazardous materials (see below) as long as they are not visibly contaminated with blood. A number of serious human diseases can be transmitted by urine, feces, etc., even in the absence of blood, and while these substances are not covered by the Standard unless contaminated with blood, they should be regarded as potentially dangerous.

IV. RISK GROUP

Exposure to bloodborne pathogens is a limited risk in FGIS- Only those employees administering first aid, cleaning up body fluids after a mishap, or cleaning toilet facilities have the potential for exposure.

A. First Aid Providers for Co-workers. First aid training and providing first aid to injured co-workers are expected parts of job duties, regardless of whether they are a written part of the job description. These employees are in the increased risk group.

B. Janitorial Work. Employees who may clean restrooms, etc., may be at increased risk for encountering potentially infectious waste material. There have been cases of used hypodermic needles, condoms, or other material contaminated with body fluid found in trash cans in public restrooms.

V. REQUIREMENT

Employees who provide first aid or perform Janitorial work must be familiar with this Directive, have personal protective gear (i.e., gloves, eye protection, and airway masks for cardiopulmonary resuscitation (CPR)) and know where to go for immunization for Hepatitis B. Employees who are not at risk are not covered by this Directive; however, it is recommended that all employees be familiar with it.

VI. APPROVED GENERAL WORK PRACTICES

A. Universal Precautions. Universal precautions should be used by all employees whenever the potential for exposure to bloodborne pathogens exists. Employees should adhere rigorously to the infection control precautions noted in this section to minimize the risk of exposure to bloo and other body fluids. All body fluids should be considered potentially infectious materials. All personal protective equipment needed will be supplied, cleaned, disposed of, repaired, or replaced by FGIS.

B. Use of Gloves.

1. Gloves are to be worn when it can be reasonably anticipated that an employee's hands may be in contact with blood or other potentially infectious materials, including contaminated items or surfaces. Gloves should be easily accessible. Hands will be washed thoroughly with soap and water immediately after possible contact with blood and/or body fluids and before

donning and after removing the gloves.

2. Gloves must be latex or vinyl and of appropriate size for each worker. If the gloves are contaminated with blood and/or other body fluids, they must be disposed of as noted in section VI.E.7.

C. Use of Masks, Eye Protection, and Face Shields. Masks, eye protection, and face shields will be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

D. Use of Resuscitation (CYR) Equipment.

1. Pocket masks for resuscitation will be provided in the First Aid Kit. Pocket masks will be used for all emergency mouth-to-mouth resuscitations.

2. Individuals required to be first aid certified as part of their jo may wish to carry their own small packet containing gloves and a pocket mask for CPR. This equipment will be provided by FGIS.

E. Cleaning Blood and/or Body Fluid Spills. The following procedures should be used for cleaning blood or body fluid spills:

1. Area of the spill will be cordoned off to prevent the,accidental spread of body fluids.

2. Vinyl or latex gloves are to be worn.

3. An appropriate germicide or bleach solution (the cleaning solution of choice) should be prepared. A bleach solution can be prepared with 800 ppm NaClO solution (i.e., standard household chlorine bleach) by mixing a quarter cup of bleach (60 ml) with 1 gallon of water. The bleach solution should be used only on hard floors. D not use this Solttion on carpet. Bleach solution should be made fresh.

4. Remove any large pieces of glass or other particulate material. Do not pick material with hands. A tongue depressor may be used to maneuver items onto a plastic scoop. Care should be taken not to flip material with the tongue depressor. Particulate material and tongue depressors should be placed in a puncture-resistant and splatter-proof container. The scoop should be cleaned and stored in a clean place.

5. Carefully remove the body fluids from the spill surface with paper towels or gauze sponges. When the towel or sponge is saturated, replace it with a new one. Do not wring out fluids. Place soiled towels or sponges in a puncture-resistant and splatter-proof container.

6. Once body fluids have been removed from the area, use the bleach solution to decontaminate the area. Start 2 inches outside the sp and move to the center of the spill by making a series of overlapping concentric circles with a sponge. Allow the area to a dry and repeat the process. The! soiled sponges should be placed in the puncture-resistant, splatter-proof container.

7. Place all materials used in the puncture resistant, splatter-proof container in a safe holding area until they can be disposed of as solid hazardous waste.

VII. WHAT TO DO IF EXPOSED

A. The exposed employee will be sent to the doctor for a Hepatitis B vaccination. Complete a CA-16, Request for Examination or Treatment.

B. Prepare all exposure incident records. (See Attachment 2.)

C. A copy of this report must be filed and maintained for the duration of employment plus 30 years. A second copy should be sent to the Public Health Service office that provides physical oxams for the office.

D. A copy of CA-1, Report of Injury, must be filed with the Department of Labor, Office of Worker's Compensation Program.

VIII. PROCUREMENT OF PERSONAL PROTECTIVE EQUIPMENT

A. Gloves used for aflatoxin testing meet the requirements of this Directive.

B. FGIS has evaluated a variety of masks suitable for CPR. The Lab Safety Supply Inc., Disposable CPR Microshield number JC-10156E, has been found to be most appropriate for FGIS. This kit, which contains mask and gloves, is available through consolidated purchase.

/s/ D. R. Galliart
Acting Administrator

Attachments
Contact the Printing, Mail and Distribution Branch, APHIS, for copies of the attachments.