

## Potential for Exposure

The bloodborne pathogen standard applies to your employees that are, or have the potential to be, exposed to blood or other potentially infectious materials (OPIMs). OPIMs include semen, vaginal secretions, blood, and several internal body fluids. Sweat, tears, saliva (except in dental procedures), urine, feces, and vomitus are not considered OPIMs unless they contain visible blood or OPIM. You may want to refer to the general industry standard for further information pertaining to OPIMs, found under Title 29 of the Code of Federal Regulations, Section 1910.1030.



In a manufacturing facility, exposure to blood or OPIMs may occur from designated personnel providing first aid services. Exposure means reasonably anticipated skin, eye, mucous membrane, or related contact with blood or OPIMs that may result from performing job duties. If employees are exposed or potentially exposed to blood or OPIMs under the bloodborne pathogen standard, the employer must:

- Characterize jobs as either:
  - (a) All “Category A” employees procedures or tasks must involve potential exposure to blood or OPIMs, or
  - (b) Some jobs involve “Category B” exposure.
- The operations exposing the employees must be specified. This exposure determination must be made without considering the use of personal protective equipment (PPE). In other words, you need to consider if blood or OPIMs could contact the employee or the employee’s clothing if no PPE were used.
- Maintain a list of job classifications determined to be “Category A” above.
- Assess and document the basis used for determining the exposure potential for both categories.
- Develop a written exposure control plan, which includes:
  - An exposure determination.
  - A schedule and method of implementation for each applicable rule of the bloodborne pathogen standard.
  - Content or a summary of the required training program.
  - Procedures for evaluating exposure incidents (post-exposure follow-up procedures).

- Management of inadvertent exposure, such as needle sticks or mucous membrane exposures.
- Appropriate task-specific standard operating procedures.

## Standard Operating Procedures

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Standard operating procedures must:

- Address employee recognition of reasonably anticipated exposure to blood and OPIMs.
- Cover appropriate selection, use, maintenance, and disposal of PPE.
- Include contingency plans for foreseeable circumstances that prevent following the recommended standard operating procedures.
- Ensure that universal precautions are followed. That is, treat all clothing and linens as if they are contaminated with a bloodborne infectious disease.
- Ensure that appropriate engineering and administrative controls (e.g., safer medical devices) are instituted, followed, and annually reviewed in order to prevent or reduce exposure to blood or OPIMs. Additionally, the solicitation of non-managerial employees in the selection of safer medical devices is required.
- Provide, launder or clean, repair, replace, and dispose of all required PPE. Ensure appropriate use by your employees. Gloves should be worn whenever hand contact with blood or OPIMs is possible. Reusable utility gloves are acceptable.
- Ensure that the workplace is maintained in a clean and sanitary condition. A written schedule for cleaning and decontamination needs to be developed and implemented.
- Offer Hepatitis B vaccinations (HBV) to all “Category A” employees within 10 workdays of their assignment to a “Category A” position and after they have received the required training. Those employees who decline to receive the vaccine must sign a declination statement as specified in 29 CFR 1910.1030, Appendix A. HBV antibody testing must be provided if an employee requests it prior to receiving the HBV vaccination. Furthermore, the antibody testing must be conducted in accordance with the most current Centers for Disease Control and Prevention recommendations.
- Provide post-exposure follow-up and care to any employees who experience an exposure incident. This might be any specific eye, mouth, other mucous membranes, non-intact skin, or related contact with blood or OPIMs.

- Ensure that proper signs and labels are used. Contaminated laundry sent off-site must be shipped in biohazard-labeled containers.
- Ensure that all records, such as medical, training, etc., are maintained as prescribed in the standard.
- Ensure that all “Category A” employees have been appropriately trained as specified in the standard.
- Establish and maintain a sharps injury log for all percutaneous injuries from contaminated sharps.

More information on how to develop a written bloodborne pathogen exposure control plan—which includes a sample written plan and employee training outline—is available on the Indiana Department of Labor's (DOL's) website at [www.dol.IN.gov/2600.htm](http://www.dol.IN.gov/2600.htm).

### **Free Technical Assistance**

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For assistance with occupational safety and health questions or to request free, professional on-site consultation services, contact a safety or health consultant with DOL's INSafe division by e-mailing [insafe@dol.IN.gov](mailto:insafe@dol.IN.gov) or by calling (317) 232-2688. Visit INSafe's website at [www.IN.gov/dol/insafe.htm](http://www.IN.gov/dol/insafe.htm) for more information.

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