

SUMMER 2017

Bloodborne Pathogens and Infectious Materials

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Protecting against infection in Long Term Care facilities is very clear. For the health of staff and residents, good practices are required throughout operations.

Each year the Occupational Safety and Health Administration (OSHA) issues hundreds of citations to employers in the healthcare industry which includes Long Term Care facilities. And for the health care industry, one of the most frequently cited standard is the Bloodborne Pathogens (BBP) Standard (29CFR 1910.1030). Not surprisingly, maintaining compliance with the Bloodborne Pathogens (BBP) Standard presents a continuing challenge. Citations under the BBP standard are the most frequently cited in this industry.

For Long Term Care Facilities, the most frequently cited areas of the BBP Standard were:

1. Failure to train under the BBP standard;
2. Failure to implement and maintain an Exposure Control Plan under the BBP standard;
3. Failure to engineer out hazards/ensure hand washing under BBP standard;
4. Poor housekeeping under the BBP standard;
5. Failure to use personal protective equipment under the BBP standard;
6. Failure to keep BBP training records and a Sharps Injury Log;

Employee exposure to safety and health hazards and the issuance of related OSHA citations can be expensive, so it's worth taking the time to avoid these issues by getting compliant with the OSHA standards and by reducing employee exposure. While full compliance with the standards can be difficult, there are steps you can take to minimize these hazards and avoid citations.

First, regularly audit your safety and health compliance by performing facility-wide and recordkeeping inspections and reviews. The focus of the audits should be in those areas where noncompliance is most likely. Use information gathered from these audits for implementing new procedures and policies.

Second, audit your training practices, especially in relationship to BBP and Hazard Communication. Failure-to-train citations are low-hanging fruit – just one missed employee can result in a citation.

In addition to the BBP Standard, OSHA's Personal Protective Equipment standard (29 CFR 1910.132) and Respiratory Protection standard (29 CFR 1910.134) which provide protection for workers when exposed to contact, droplet and airborne transmissible infection agents; and OSHA's *TB compliance directive* which protects workers against exposure to TB through enforcement of existing applicable OSHA standards and the General Duty Clause of the OSH Act.



The CDC's Office of Safety, Health and Environment's publication, *Guidelines for Laundry in Health Care Facilities*, suggests precautions that invoke common sense. "Although soiled linen has been identified as a source of large numbers of pathogenic microorganisms, the risk of actual disease transmission appears negligible. Rather than rigid rules and regulation, hygienic and common-sense storage and processing of clean and soiled linen are recommended," the CDC document reads.

The CDC's common-sense guidelines for handling soiled linen include:

- Disturbing soiled linens as little as possible, thus limiting "gross microbial contamination of the air and of persons handling the linen." Linens should never be shaken in resident care areas. Visibly soiled fabrics should be rolled or folded to contain soiled spots before they are bagged.
- Bagging laundry where it originates, and never sorting, treating or rinsing soiled linen in resident care areas. Whether laundry is to be transported by chute or by cart, bags should be tied or otherwise sealed. Replace bags when they are two-thirds full.
- Using marked biohazard bags for laundry that is soiled with body fluids, specifically in facilities that do not follow universal precautions. OSHA standards require that wet linens be placed in impermeable containers. Employees should hold laundry bags away from their bodies when carrying them to protect themselves from leaks or sharp items in the bag.

Of course, these risks can be mitigated with proper protection. Personnel working with soiled laundry must wear barrier-providing personal protective equipment, including gowns, face shields and sharp-resistant gloves. OSHA also requires eyewash stations and hygienic sinks supplied with soap dispensers and paper towels. Employees must be trained in disposal of needles and other sharp objects. Finally, no one should be allowed to work without proper immunizations.

Interestingly, dilution and agitation in water removes a large number of microorganisms. Detergents further remove infectious agents. Hot water (160°F for a minimum of 25 minutes) also effectively kills bacteria and viruses. Finally, according to the CDC, "chlorine bleach assures an extra margin of safety," and "souring" during the rinse cycle creates a rapid shift in water pH, effectively inactivating some microorganisms.

While not all hazards, and therefore not all potential for citations, can be eliminated, taking the above steps will go a long way in reducing the likelihood of their existence. More importantly, these steps are key elements in creating a safer working environment for healthcare employees.

Resources:

U.S. National Library of Medicine – National Institute of Health, A safety information campaign to reduce sharps injuries: Results from the Stop Sticks campaign. Thomas R. Cunningham, Raymond C. Sinclair, Amanda M. G. Harney, Stacy W. Smallwood & Annette L. Christianson, Healthcare Compliance Resources. Top 10 OSHA Citations in the Healthcare Industry, NIOSH, iAdvance Senior Care

Editor's Note:

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