A Union of Professionals
Health and Safety Program

OSHA BLOODBORNE PATHOGEN STANDARD

Successful lobbying on the part of AFT Healthcare and other unions resulted in the final adoption of the OSHA Bloodborne Pathogen Standard (Section 1910.1030). AFT Healthcare believes that full compliance with the standard will protect healthcare professionals. Proper implementation, however, may depend on the union's persistence in reminding management of the content of the law.

What Does the Standard Mean for Healthcare Workers?

For the first time, healthcare workers have a law that mandates that their employers institute a comprehensive program to prevent or reduce worker exposure to blood and other infectious materials.

At a glance, the new standard requires that employees be provided:

- adequate protective equipment and clothing;
- hepatitis B vaccine at no cost to the employee;
- confidential medical evaluation and counseling after an incident (employees must be offered training, testing and prophylactic treatment at no cost); and
- training on an annual basis on all aspects of bloodborne hepatitis, HIV and other bloodborne diseases (i.e., modes of transmission, effective preventive measures -- equipment, clothing and work practices, and the medical evaluation available after an exposure).

Who Is Covered?

The standard applies to any health care employee who "reasonably anticipates skin, eye, mucous membrane or parenteral contact [e.g., needlesticks, human bites, etc.] with blood or other potentially infectious materials."

How the Standard Works

Employer Responsibilities:

1. Employers must first develop an **exposure control plan** that outlines among other things:
   - how and when occupational exposure occurs and which job classifications are at risk of exposure (**exposure determination**);
   - methods that will be employed at the facility to prevent or eliminate exposure;
   - schedules and descriptions for training;

WORK shouldn't HURT

- record-keeping for the standard; and

- the hepatitis B vaccination program.

The employer's exposure control plan must be completed within 60 days of the effective date of the standard. For employees with federal OSHA coverage, the date for the exposure control plan is May 5, 1992. State-plan OSHA states [1] must make the standard effective no later than **September, 1992.** In those states, employers must have the exposure control plan completed by no later than **November, 1992.**

2. Employers must set up a training program that informs workers about all provisions in the standard and all aspects of blood-borne diseases including modes of transmission and effective controls -- **universal precautions**, engineering controls and personal protective equipment. Training must also cover the employer's responsibility to offer **free hepatitis B vaccination.** A training program must begin within 90 days after the standard becomes effective. Training must be done for all affected employees and must be repeated on an annual basis. For all new employees, training must be done at the time of hire.

   Training must be conducted by a knowledgeable trainer and must provide an opportunity for workers to ask questions. **A video tape is not enough.**

3. All other methods of compliance must be in place 120 days after the standard goes into effect. Some key methods include:

   - Universal precautions must be instituted throughout the health care facility.

   - Engineering controls are the method of choice to prevent or eliminate exposure. An example of an engineering control might be a safe needle device (self-sheathing needle). OSHA has instructed compliance officers that employers who do not use engineering controls to minimize or eliminate exposure can be cited. OSHA states that "employers do not automatically have to institute the most sophisticated engineering controls such as self-sheathing needles." However, the instructions go on to say that "it is the responsibility of the employer to evaluate the effectiveness of existing controls and to review the feasibility of instituting more advanced engineering controls." We interpret that to mean that the employer must have a compelling reason beyond cost why proven engineering controls such as safe needle devices are not being used.

   - Protective equipment such as gloves, masks, face shields and goggles that fit and are accessible.

   - A post-exposure medical evaluation program after an exposure incident.

---

[1] Alaska, Arizona, California, Connecticut, Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, New York, North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virginia, Virgin Islands, Washington and Wyoming.

What Are Workers' Rights Under the Standard?

Some important rights for health care professionals and their unions include the right to:

- obtain a copy of the facility's **exposure control plan**;
- obtain copies of any medical evaluation of the employee performed on behalf of the employer (e.g., post-exposure evaluation);
- receive the hepatitis B vaccination free of charge. Employees may also opt not to have the vaccine at the initial offering and request the vaccine at a later date;
- request and receive appropriate protective equipment. For instance if a health care employee is allergic to latex, the employer must provide non-allergenic gloves;
- an investigation after an incident that includes documentation of the source individual unless it is infeasible or prohibited by local law. The employer must test the source individual if consent is obtained and results must be available to the exposed employee; and
- post-exposure prophylaxis recommended by the U.S. Public Health Service, free of charge (i.e., AZT, HBIG).

Recommendations for Union Action

Full implementation of this standard may depend on union action. There are several ways that unions might insure that their members are being protected.

- **A local affiliate may wish to monitor the implementation of the standard.** For instance, the union is entitled to a copy of the exposure control plan. The union should evaluate the plan to make sure that it includes all affected employees and methods of compliance. If the plan is inadequate, the union should point out gaps or problem provisions to management.
- **The local can educate their members on their rights and assist members** in getting the quality training, protective equipment and medical evaluations that they are entitled to under the standard. The union can confront management when the methods of compliance are not in place.
- **The local might consider testing the engineering control provisions.** It may be worth arguing to management that the engineering control provision includes the purchase and use of safe needle devices in the institution.
- **When management is uncooperative, the union can file an OSHA complaint on behalf of affected members.**

- **This standard might provide an excellent opportunity to propose joint labor-management activities.** For instance, a joint committee could plan the training component of the standard – union representatives could also serve as trainers.

- **Union participation (e.g., floor nurses and product users) on product evaluation committees** might also assist in getting safe needle devices and other engineering controls introduced more rapidly.

- **Get the standard enacted into law.** Many public employee health professionals are excluded from the protection of this standard because they do not work in a state with an OSHA state plan. Affiliates who represent these health care professionals might consider introducing state legislation that would adopt the OSHA standard for public sector employees. Another strategy might be to incorporate the language of the standard into the contract proposal.

For a copy of the standard and more information, contact the AFT Healthcare Occupational Safety and Health Program at (202) 393-5674.