



## 242 FW 12

# Bloodborne Pathogens

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**12.1 What is the purpose of this chapter?** This chapter describes the U.S. Fish and Wildlife Service's (Service) requirements and responsibilities for minimizing or eliminating the risk of exposing you to bloodborne pathogens or other potentially infectious materials (OPIM) in your workplace.

**12.2 What is the Service policy?** We must take actions that minimize or eliminate the risk of exposing you to bloodborne pathogens or OPIM in your workplace and comply with the Occupational Safety and Health Administration (OSHA) standards ([29 CFR 1910.1030](#)). Those actions include the following:

**A.** We must determine exposure potential of the tasks you perform at work (see [section 12.7A](#)). If there is a potential for exposure, we must develop an exposure control plan and provide you with personal protective equipment, training, and access to medical services.

**B.** If you are exposed to bloodborne pathogens or OPIM at work, we must have a medical doctor evaluate you at the Service's expense. Based on the results of that evaluation, we must take appropriate followup actions.

**12.3 What is the scope of this chapter?** This chapter applies to the following people who may come into contact with human blood or OPIM (see [section 12.6](#) for definitions) while performing their jobs:

**A.** Service employees (including seasonal employees),

**B.** Volunteers,

**C.** Youth Conservation Corps members, and

**D.** Student interns.

**12.4 What are the authorities for this chapter?**

**A.** Occupational Safety and Health Act (OSHA) Federal Agency Safety Programs and Responsibilities ([Public Law 91-596, Sec 19](#)).

**B.** Occupational Safety and Health Standards, Bloodborne Pathogens ([29 CFR 1910.1030](#)).

**C.** Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters ([29 CFR 1960](#)).

**D.** [Executive Order 12196](#), Occupational Safety and Health Programs for Federal Employees.

**E.** [Department of the Interior Occupational Medicine Program Handbook](#), Tab 8, Specific Medical Program Requirements.

F. [485 DM 17](#), Industrial Hygiene, and 485 DM 18, Occupational Medicine Program.

**12.5 Who is responsible for the bloodborne pathogen program?** Table 12-1 describes the responsibilities employees have for the bloodborne pathogen program.

<b>Table 12 1: Responsibilities for the Service's Bloodborne Pathogen Program</b>	
<b>This official...</b>	<b>Is responsible for...</b>
<b>A. The Director</b>	<p>(1) Ensuring that we maintain an effective and comprehensive occupational safety and health program, and</p> <p>(2) Approving our bloodborne pathogens policy.</p>
<b>B. The Assistant Director – Business Management and Operations</b>	<p>Ensuring:</p> <p>(1) We have a bloodborne pathogens policy, and</p> <p>(2) That the Headquarters Office has sufficient support and resources to implement the policy.</p>
<b>C. Regional Directors and the Director, National Conservation Training Center (NCTC)</b>	<p>Ensuring that sufficient resources and support are provided to implement a comprehensive and effective bloodborne pathogens program in their areas of responsibility.</p>
<b>D. The Chief, Division of Safety and Health</b>	<p>(1) Revising and updating this chapter, as necessary, and</p> <p>(2) Interpreting bloodborne pathogens program requirements and serving as a consultant to resolve Servicewide questions or issues.</p>
<b>E. Regional Safety Managers</b>	<p>(1) Interpreting bloodborne pathogens program requirements and serving as advisors to resolve Regionwide questions and issues,</p> <p>(2) Providing assistance to Project Leaders and supervisors in the development of Exposure Control Plans, and</p> <p>(3) Evaluating implementation of the bloodborne pathogens program during Regional field station safety program evaluations.</p>
<b>F. Project Leaders/Supervisors:</b>	<p>(1) Identifying any potential for exposure to bloodborne pathogens or OPIM for their areas of responsibility and documenting it on <a href="#">FWS Form 3-2282</a>, and</p> <p>(2) Ensuring that those field stations or work spaces identified to have bloodborne pathogens or OPIM occupational exposures or potential occupational exposures:</p> <p>(a) Have implemented a bloodborne pathogens control program for their station(s),</p> <p>(b) Developed an Exposure Control Plan for their employees (see <a href="#">section 12.7B</a> and <a href="#">Exhibit 1</a>),</p>

	<p><b>(c)</b> Assigned a Bloodborne Pathogens Program Coordinator to implement the Exposure Control Plan at each field station or complex requiring it,</p> <p><b>(d)</b> Annually determine levels of occupational exposure to blood as described in Exhibit 1 and document findings on <a href="#">FWS Form 3-2282</a>,</p> <p><b>(e)</b> Make Exposure Control Plans available for all their employees to read,</p> <p><b>(f)</b> Develop and provide a “post-exposure packet” for employees who have been exposed,</p> <p><b>(g)</b> Know the job tasks in their work areas where employees have a reasonable risk of exposure to blood and OPIM, and</p> <p><b>(h)</b> Ensure employees who may be exposed receive appropriate training (see <a href="#">Exhibit 1</a>).</p>
<p><b>G. Bloodborne Pathogen Program Coordinators</b></p>	<p>Assisting Project Leaders and supervisors with:</p> <p><b>(1)</b> Developing and updating an Exposure Control Plan for their employees (see <a href="#">Exhibit 1</a>),</p> <p><b>(2)</b> Determining exposure levels as called for in the Exposure Control Plan,</p> <p><b>(3)</b> Determining appropriate work practices to minimize exposure potential,</p> <p><b>(4)</b> Coordinating medical evaluations for those who are exposed to bloodborne pathogens or OPIM,</p> <p><b>(5)</b> Coordinating and documenting annual training for those who are exposed or may be exposed to bloodborne pathogens or OPIM, and</p> <p><b>(6)</b> Maintaining records according to <a href="#">29 CFR 1910.1030</a> and this chapter (see <a href="#">section 12.9</a>).</p>
<p><b>H. Employees</b></p>	<p>If they may be exposed to bloodborne pathogens or OPIM:</p> <p><b>(1)</b> Completing bloodborne pathogens program training,</p> <p><b>(2)</b> Complying with bloodborne pathogens program requirements, and</p> <p><b>(3)</b> Immediately reporting exposure incidents to Project Leaders or supervisors.</p>

**12.6 What terms do you need to know to understand this chapter?**

**A. A Biohazard** is any viable infectious agent that presents a risk or a potential risk to you.

**B. Blood** means human blood and human blood components.

**C. Bloodborne Pathogens** are microorganisms in human blood or OPIM in human tissues, fluids, or blood products that can cause disease when people are exposed to them. OSHA specifically identifies Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) as bloodborne pathogens.

**D. An Exposure Incident** occurs when you have contact with human blood or OPIM while doing your job. This includes contact through non-intact skin, eye, mucous membrane, or parenteral contact (also see [section 12.6H](#)).

**E. A Good Samaritan** is someone who voluntarily provides emergency assistance to another person who is injured or sick, such as someone in your workplace. The term comes from statutes that States enact to protect healthcare providers and other rescuers from being sued when they provide emergency aid to another person.

**F. Occupational Exposure** means that, because of the job you do, you are routinely exposed as part of your duties to bloodborne pathogens or OPIM in human tissues, fluids, or blood products that can cause disease.

**G. Other Potentially Infectious Materials (OPIM)** are human body fluids (other than blood) or human tissue that may contain blood or transmit pathogens.

**H. Parenteral** means the breaking of skin or other situations that result in you being exposed to another person's blood or body fluids.

**I. Regulated Waste:**

(1) Includes:

(a) Liquid or semiliquid blood- or OPIM-contaminated items that would release blood or OPIM if compressed,

(b) Items that are caked with dried blood or OPIM because they are capable of releasing these materials during handling,

(c) Contaminated sharps, and

(d) Pathological and microbiological waste containing blood or OPIM.

(2) Examples of regulated waste include:

(a) First aid bandages,

(b) Medical needles,

(c) Material used in cleaning up blood or human body fluids, and

(d) Gloves, clothing, or other materials contaminated with blood or OPIM.

**J. Sharps** are needles or other sharp instruments such as scalpels that may be used or found within your work setting.

**K. Universal Precautions** are procedures used to control infection by treating all human blood and human body fluids as if they were infectious.

### **12.7 What are the required elements of the Service's bloodborne pathogen program?**

**A. Exposure Determination:** Project Leaders/supervisors must evaluate the workplace activities in their areas of responsibility to determine if you might be routinely exposed to blood or OPIM while performing your job.

(1) They must:

(a) Document those tasks on the Occupational Exposure List ([FWS Form 3-2282](#)) and describe them in the site's Exposure Control Plan, and

(b) Review this evaluation annually and modify it if operations have changed.

(2) If an exposure determination evaluation indicates there is no potential risk of exposure to bloodborne pathogens or OPIM, then program implementation ends. However, be aware that all employees who suffer a work-related exposure incident to blood or OPIM are covered under the post-exposure section of this standard, see [Exhibit 1](#), Section 10 and [Exhibit 2](#) for additional information.

### **B. Exposure Control Plan:**

(1) An Exposure Control Plan is a written plan:

(a) Describing how facility managers intend to minimize or eliminate the risk of exposing you to bloodborne pathogens, and

(b) Addressing employee exposure determinations, universal precautions, exposure controls, training, personal protective equipment, post-exposure evaluation, the HBV vaccination program, and recordkeeping.

(c) That must be reviewed annually and modified if operations have changed.

(2) [Exhibit 1](#) is a sample Exposure Control Plan that gives Project Leaders/supervisors an easy-to-use, standardized format for developing their site-specific or facility-specific plans.

**C. Universal Precautions in the Workplace:** You must use universal precautions to prevent contact with human blood, OPIM, or animal blood. These precautions include, but are not limited to:

(1) Considering all blood or OPIM as infectious, including animal blood or body fluids, regardless of the source. Biologists and other field workers may be exposed to a variety of pathogens, including various forms of plague, tularemia, Hantavirus, etc., depending on the type of work they are doing.

(2) Treating all human body fluids and items soiled with human body fluids as if they were contaminated with Hepatitis A or B Virus (HAV/HBV) or HIV,

(3) Washing exposed areas (hands, arms, etc.) with antibacterial soap before and immediately after giving first aid or after coming into contact with any source of blood or bodily fluids. Hand washing facilities with sinks, soap dispensers, and paper towels should be located within every bathroom in your work area. Antiseptic towelettes must be readily available for use if there are no handwashing facilities available in your normal workplace or if you are working at a location remote from your normal workplace.

(4) Wearing personal protective equipment.

(5) Disposing of infectious waste, medical waste, and sharps in appropriate waste containers. In work settings that require us to take blood samples from animals, we should use sharps with engineered injury protections and provide sharps containers for appropriate disposal.

**D. Personal Protective Equipment.** We pay for and provide personal protective equipment to prevent blood or OPIM from reaching your clothing, skin, eyes, mouth, or other mucous membranes. We also must train you how to wear the equipment.

(1) Table 12-2 provides information about personal protective equipment for common tasks. See [Exhibit 1](#) for a more complete table that you can modify for site-specific circumstances.

Table 12 2 Personal Protective Equipment Guide				
TASK	GLOVES	APRON	MASK	EYE WEAR
Control of bleeding (i.e., spurting blood)	X	X	X	X
Control of bleeding (i.e., minimal blood)	X			
Defibrillator use – blood from shaving patient chest	X			
Taking blood pressure	X			

(2) We should provide bloodborne pathogen/OPIM personal protective equipment kits in occupational settings where the possibility of exposure may arise. We should keep these kits with medical aid devices (e.g., automated external defibrillator (AED)) when feasible.

**E. Post-Exposure Evaluation and Followup.** If you have an exposure incident, we must determine how and why you were exposed to ensure that you receive adequate screening and medical treatment. We must also take action to avoid future similar exposure. See [Exhibit 1](#), section 10 and [Exhibit 2](#) for more information about exposure incidents. Your Project Leader/supervisor must contact the Regional workers' compensation coordinator for guidance on documenting the incident specific to Office of Workers' Compensation Programs requirements.

**F. HBV Vaccine Program:**

(1) If we determine that you are occupationally exposed **or** if you have an exposure incident, we must offer you a HBV vaccine at no cost to you.

(2) You may refuse inoculation.

(3) Whether you accept or refuse inoculation, you must complete and sign the Hepatitis B Immunization Consent/Refusal Form ([FWS Form 3-2283](#)).

**G. Training.** If we determine that you are occupationally exposed, you must complete bloodborne pathogens training every year. We provide general awareness training (e.g., through booklets, pamphlets, posters, the Department's online course, etc.) for employees who do not have an exposure risk (see [Exhibit 1](#), section 12 for more information).

**H. Recordkeeping.** OSHA requires that we keep records of your training, exposure, medical treatment, immunization consent/refusal form, and other aspects of the bloodborne pathogens

program. Your Project Leader/supervisor must ensure that all required records are maintained (also see [section 12.9](#)).

**12.8 Are all employees who do tasks associated with first aid/Cardiopulmonary Resuscitation (CPR)/AED, janitorial activities, and animal blood occupationally exposed?** No. The following information will help you determine if you are occupationally exposed:

**A. First aid, CPR, and AED:**

**(1)** If we train you to give first aid, CPR, or operate an AED **and** first aid, CPR, and AED response **is** a part of your job (e.g., law enforcement officer), we consider you occupationally exposed.

**(2)** If we train you to give first aid, CPR, or operate an AED **and** first aid, CPR, and AED response **is not** a part of your job, we do not automatically consider you occupationally exposed. If you render first aid in response to injuries resulting from workplace accidents on a voluntary basis, you are serving as a “Good Samaritan.” We do not consider an employee occupationally exposed just because there is a potential you may be a Good Samaritan in your workplace.

**B. Janitorial duties that require employees to empty waste containers that may contain discarded female sanitary napkins:** We expect all Service waste containers to be lined in such a way as to prevent you from coming into contact with the contents. We do not automatically consider employees who do these duties occupationally exposed.

**C. Animal Blood:** OSHA’s bloodborne pathogens program applies only to animal blood when the animal has been purposely infected with HIV or HBV. We have no such animal research facilities. If you handle animals where you may come in contact with animal blood or body fluids, you should follow universal precautions (see [section 12.7C](#)).

**12.9 How are employees records protected?** We protect all bloodborne pathogen program records in accordance with the Privacy Act.

**A. We must:**

**(1)** Add the following statement to all such records, “This information is sensitive and is protected by the Privacy Act of 1974 ([5 U.S.C. 552a](#)).”

**(2)** Store hard copy records in locked file cabinets or locked rooms.

**(3)** Protect electronic records by restricted access procedures and audit trails.

**(4)** Limit access to records to agency or contractor officials with a genuine need for the records. We must do this in accordance with the system of records notice, [OPM/GOVT-10](#).

**B.** These records are part of the Employee Medical Folder (EMF). Though they may be maintained securely on site during the period of employment, we must transfer post-employment records to the National Personnel Records Center. We must destroy photocopies of records either by shredding or burning. For electronic records, we destroy copies by erasing the disk. Those employees tasked with storing and maintaining such records must read and be familiar with OPM/GOVT-10.

**C.** If an employee leaves the Service for employment at another Federal agency, we must send the records to the next employing Federal agency. When an employee retires or leaves the Federal Government, we must send the records to the National Personnel Records Center.

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***For information on the content of this chapter, contact the Division of Safety and Health. For information about this Web site, contact [Krista Holloway](#) in the Division of Policy and Directives Management.***

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