Supervisor's Guidelines for BBP Site-Specific Training

About This Document:
In accordance with the requirements of Michigan OSHA's Bloodborne Infectious Diseases standard as well as the MSU Bloodborne Pathogens Exposure Control Plan, supervisors must assure that all personnel with reasonably anticipated risk of exposure to human blood or other potentially infectious materials (OPIM) receive training that is relevant for their specific worksite in order to most effectively reduce their occupational exposure risk. This training is to be performed on an annual basis and anytime there is a procedure change relevant to the exposure risk. The Bloodborne Pathogens Site-Specific Training Checklist was developed to serve as a means of documenting that this training has occurred as required by the regulations.

While documentation of the training is essential, it is important to assure that the site-specific information reviewed with employees is consistent and inclusive of all exposure risk-related topics. Therefore, the EHS has developed this guidance document to assist supervisors and departmental trainers in assuring appropriate coverage of this information.

Using This Document:
This document is meant to be a companion for the Bloodborne Pathogens Site-Specific Training Checklist. The training topics found on that form are listed in the table below. Each topic is followed by a guideline section that provides recommendations for the nature of the information to be covered. Additionally, fill-in sections are included to assist you in preparing your training.

Site-Specific Training Topic	**Specific Work Practices** • Discussion of tasks that may involve handling potentially infectious materials and how to perform such tasks in a manner that reduces risk of exposure.

GUIDELINES

Job tasks with a potential risk for BBP exposure need to be identified as well as the equipment and practices to be used to reduce the exposure risk. This information for each task should be documented on a **BBP Task Procedure** form and kept on file in each department/lab/clinic. The information captured on those forms will serve as the basis for a large portion of the information to be covered for initial and annual site-specific training.

The job tasks that put employees at risk for exposure to blood/OPIM are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Note: *Examples of job tasks with potential for exposure to blood/OPIM include administering first aid, phlebotomy (blood draws), blood/OPIM spill response, handling or treating waste contaminated with blood/OPIM, etc.*

Site-Specific Training Topic	**Personal Protective Equipment (PPE)** (gloves, eye protection, face shields, etc.) • Explanation of what kinds of PPE are required for specific tasks; • How to use the PPE; • Location and availability of PPE; • Maintenance of reusable PPE (cleaning, storage and inspection).

GUIDELINES

Information regarding what PPE to use for specific tasks should be outlined on the **BBP Task Procedure** form. To effectively cover this information, you should have a physical hands-on review of the PPE to be used. This demonstration and discussion will allow you to cover several essential elements for proper PPE use. By the end of this review, your employees should be able to answer the following:

- What PPE do I need to wear for what tasks?
- What are the limitations of the device?
- Where can I find this device?
- What is the right size for me?
- How do I inspect it to assure that it is in good working order?
- Can I reuse the device or must I dispose of it after one use?
- If I can reuse the device, what steps must I take for properly cleaning and storing the device?

For further information on PPE selection, please consult EHS. However, here are some general selection tips for PPE commonly used for protection against exposure to blood/OPIM.

Disposable gloves (latex or nitrile): These provide skin protection against brief exposure to bodily fluids (blood/OPIM). They are not generally recommended for immersion and they are not puncture-resistant or thermal resistant. Double-gloving is recommended if likelihood of contamination is strong. Some individuals may be sensitive to latex so a latex-free option is advised.

Splash goggles: These are the only eye protection rated for splash. If a true splash hazard exists, it is recommended that a shield be used whenever possible.

Face shields: These are rated for face protection and should not be used alone as a form of eye protection. Minimally, safety glasses should be worn under the face shield. Face shields are appropriate if there is a likelihood of generating aerosols and the face must be close to the hazard based on the nature of the task. As with splash goggles, whenever possible, procedures should be done behind a shield to minimize the exposure risk and the PPE requirements. *Please note that surgical masks are often fluid-resistant but are not generally considered to be a means of skin protection.*

Lab coats: Unless a lab coat is made of fluid-resistant material (i.e. Tyvek), it should not be assumed to be an effective fluid barrier. If a lab coat becomes contaminated with blood/OPIM, it should be removed as soon as possible. Clothing and skin should be examined for possible contamination. If contamination has reached the skin, the affected area should be immediately flushed and assessed for potential of BBP exposure. Contaminated lab coats should be placed in a biohazard bag and sent to MSU Laundry or whatever designated laundry service is in use. Lab coats must not be taken home for washing by employees.

Further comments on PPE:

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Site-Specific Training Topic	**Engineering Controls** • Location and operation of eyewash facilities; • Explanation of engineering controls that are specific to the work environment (examples: sharps containers, biological safety cabinets, mechanical pipettors, safer sharps devices, etc.).

GUIDELINES

Information regarding the use of engineering controls for specific tasks should be outlined on the **Bloodborne Pathogens Task Procedure Specific** form. Remember that engineering controls are items that isolate or eliminate the hazard. In many instances, engineering controls are pieces of equipment and they are only effective as barriers if used properly. Therefore, as with the PPE information, hands-on review will go a long way in assuring that personnel understand how these devices work. By the end of this review, your employees should be able to answer the following:

- What engineering controls do I need to use for what tasks?
- How does the engineering control isolate the hazard?
- How do I properly use the engineering control?
- How do I inspect it to assure that it is in good working order?
- What maintenance is required of the device?

There are a variety of items that may be used as engineering controls for minimizing exposure risk to blood/OPIM. Here are some general tips regarding engineering control use and maintenance for some of the more common devices. For additional assistance regarding engineering controls, please contact the EHS Biosafety Staff at 355-0153.

Sharps Containers: These are puncture-proof collection containers with a restricted closable opening to reduce the risk of personnel or patients being punctured with a sharp device. Therefore, tops must be installed before use. Lids should be closed when the container is not in use. The proper size of container should be selected for the sharps in use. For example, containers with horizontal drops are best suited for longer devices (5” to 8”). Containers should be stored in an upright position when in use because they are not necessarily leak-proof at the top.

Eyewashes: These devices are used for emergency flushing in the event of an exposure. Therefore, they must be clean and unobstructed at all times. A log must be kept to document maintenance.

Safer Sharp Devices: Needles, scalpels and other sharp medical devices used in environments where a BBP hazard is present must have a design feature that allows shielding of the sharp end after use but before disposal. Because the operation of these devices varies somewhat from the “traditional” sharps, it is essential that all personnel receive training and practice on devices before they are implemented in lab or clinical use. Additionally, please refer to the “Sharps Injury Protection Program” section of the MSU Bloodborne Pathogens Exposure Control Plan for information on product evaluation and annual product review requirements.

Biosafety Cabinets (BSC): Biosafety cabinets are equipped with HEPA filters that will capture potentially infectious aerosols. They can provide both product and personnel protection and are commonly used for manipulation of human cells. Open flames should not be used in a BSC. If the BSC is equipped with a UV light, personnel must assure that they do not work with this light on or work in the room while the light is on. BSC use is covered in the biosafety training course offered by the EHS. Please note that human cell users are required to complete biosafety training as well as bloodborne pathogens training.

Further Information for Engineering Controls:

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Site-Specific Training	**Biohazardous Waste Handling** • Discussion and clarification of which wastes generated in the work area are biohazardous and how those items are to be segregated, stored, transported, treated and disposed of; • Review of procedures for on-site treatment methods (i.e. proper use of autoclave for waste decontamination purposes); • Review of hazardous waste labeling and Pick-Up procedures as they apply to the work area (refer to the MSU Waste Disposal Guide and Biohazardous Waste Management Plan). For employees working at off campus facilities such as Sparrow Hospital, review the facility's medical waste management plan requirements.

GUIDELINES

This information is most effectively captured with a fill-in section outlining what waste items are generated, how they are segregated, and how waste is handled for treatment and disposal.

Solid Biohazardous Waste: In the healthcare setting, these are disposable items other than sharps that are contaminated with blood/OPIM to the degree that this material can drip off or flake off the item. In the lab setting, these are disposable items that are contaminated with biological material, regardless of the level of contamination. These items must be placed in leakproof receptacles lined with a biohazard bag. These receptacles must be labeled with the biohazard symbol and be covered with a lid when not in use.

Solid biohazardous waste generated by your department includes the following items:

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Solid biohazardous waste is treated for disposal by the following means:

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Note: If using an autoclave for waste treatment, please review autoclave operation procedure as well as waste treatment procedure posted by all campus autoclaves that are approved for biohazardous waste treatment.

Sharps Waste: These are items that are sharp enough to puncture the skin and are biologically contaminated. Additionally, all needles, syringes, and IV tubing with needles attached must be disposed of as sharps regardless of their contamination status. These items must be placed in an appropriately sized sharps container for disposal. Containers must be permanently closed and disposed of within 90 days of first use or when they are ¾ full, whichever comes first. Containers should have a waste tag or sharps label attached if disposal through EHS.

Sharps waste generated by your department includes the following items:

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Sharps containers are disposed of by the following means:

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Other wastes: Refer to the MSU Bloodborne Pathogens Exposure Control Plan or the MSU Biohazardous Waste Management Plan for further information if you are generating pathological or liquid wastes.

Further procedural points for review related to waste treatment and disposal (i.e. medical waste hauler pickup procedures, disposal of liquid or pathological wastes, etc.)

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Site-Specific Training Topic	Disinfection & Spill Response/Exposure Incident Response/Exposure Control Plan • Review of work area's procedure for handling spills of potentially infectious materials (including location and availability of biohazard spill kits); • Review of exposure incident response procedure; • Location of the Exposure Control Plan.

GUIDELINES

Disinfection should be performed as prescribed in the MSU Bloodborne Pathogens Exposure Control Plan (i.e. whenever there is visible contamination, following a spill, at the conclusion of work with blood/OPIM, etc.). Personnel should be trained on the proper and effective preparation and use of the disinfectant in your work area. This training should include chemical hazard information as outlined on the material safety data sheet (MSDS) for the product. *Note: The product must be an EPA-registered for the destruction of Hepatitis B virus and HIV.* Disinfectants in use include:

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Spill response procedures will vary depending on the work environment. If personnel are not designated spill responders, they must be informed of the procedure to follow in the event of a blood/OPIM spill. This will generally include isolation of the affected area and calling the designated responders.

If personnel are expected to perform spill cleanup, it is essential that they know where the spill kit is located, how to use it, and how to dispose of the waste following such a cleanup. It is strongly advised that personnel are given a hands-on training related to this task.

The spill response procedure for the work area is/the location of the spill kit is:

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The procedure for spill waste disposal is:

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The procedure for restocking the kit is:

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Exposure Response
Actions to take in the event of an exposure should be reviewed. A Report of Claimed Occupational Injury or Illness form must be completed. If there is an identifiable source, the department's source protocol must be followed. Assure that personnel know what these forms are and where they may be accessed. For on-campus exposure incidents, personnel should report to Olin Primary Care at the MSU Student Health Center. For off campus exposure incidents, personnel should report to Sparrow Hospital Emergency Room or the closest emergency room. Upon arrival, the employee should identify themselves as an MSU employee who has had a BBP exposure in order to receive expeditious assessment. If your department is off-campus, identify your emergency care facility:

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Location of the Exposure Control Plan
The MSU Bloodborne Pathogens Exposure Control Plan is available on the EHS website at www.orcbs.msu.edu. A hard copy of the Plan may be printed to keep along with site-specific procedures and/or BBP Task Procedure forms. Identify the location(s) for this plan: (i.e. computer and BBP binder on the lab's administrative bookshelf)

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