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**ICCFA MAGAZINE
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O C C U P A T I O N A L S A F E T Y : P A R T 5 O F 7

Everyone at your business who might come into contact with bloodborne pathogens, whether it's an embalmer, a hairdresser, a crematory operator or an employee drafted to help lift a body, needs to be covered by your bloodborne pathogen protection program.

Protect against bloodborne pathogens

Exposure to bloodborne pathogens is a significant risk to employees in the cemetery, cremation and funeral business. Violations of OSHA's Bloodborne Pathogens Standard were the most prevalent citation in the industry in 2004. While OSHA citations are infrequent relative to other industries, the last thing you want is the type of notoriety a citation would bring. After all, your goal is to offer clients competence, caring and peace of mind.

Bloodborne pathogens are viruses and bacteria in human blood that can cause disease in humans, including the Hepatitis B and C viruses and the Human Immunodeficiency Virus. Workers exposed to these pathogens risk serious illness.

The HIV will only survive for a few days in a decedent. Hepatitis B, however, is a relatively common infectious disease potentially present in the body of any individual being prepared for burial or cremation, and it can survive for 30 days or more. Since medical history and examination are not able to accurately detect all patients infected with pathogenic agents, universal blood and body fluid precautions should always be used.

The OSHA Bloodborne Pathogens Standard

OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) details the specific requirements for your facility's exposure control program and your obligations to all employees with occupational exposure. The standard was established in 1991 to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens.

OSHA has determined that this can be accomplished through a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels and other provisions.

Universal precautions

The standard stresses the need to use "universal precautions" in dealing with exposure to potential bloodborne pathogens in the work environment. The use of

universal precautions means to assume that any contact with blood or body fluids may result in a potential exposure to bloodborne pathogens, regardless of the diagnosed conditions.

Your bloodborne pathogens protection program

Your bloodborne pathogens protection program must include the following key elements:

- *Exposure determination:* Assess the risks of exposure to bloodborne pathogens (generally in the form of potential contact with body fluids) employees may encounter at their work place. List the tasks and location where this contact can occur (e.g., cleaning out the refrigerated storage area).

- *Written exposure control plan:* Establish written policies for protecting employees against exposure to bloodborne pathogens as they complete these tasks. This should include engineering controls and safe work practices.

- *Engineering and work practice controls:* Engineering and work practice controls must be used to eliminate or minimize employee exposure. Examples include the use of sharps containers and safe needle-handling procedures.

- *Labels and signs:* Use required labels and signs to caution employees where exposure risks exist. This does not include public spaces such as crypts or viewing rooms.

- *Personal protective equipment:* Provide appropriate personal protective equipment (PPE) to shield employees from exposure risks.

- *Employee information and training:* Inform employees about the risks identified. Train employees on your specific program to minimize or eliminate the risks associated with exposure to bloodborne pathogens.

- *Vaccinations:* Provide Hepatitis B vaccinations at no cost to any employee who will potentially be exposed at the workplace.

- *Post-exposure follow-up:* Provide medical evaluation and follow-up when an exposure incident occurs.

- *Recordkeeping:* Maintain records of employee training, as well as of injuries and accidents related to

any bloodborne pathogen exposure in the workplace.

Exposure determination. Each employer must prepare an exposure determination that lists job classifications in which employees have exposure risks, and lists all tasks and procedures where exposure can occur. Exposure determination is made without regard to the use of personal protective equipment.

Written exposure control plan.

Whenever any employee's anticipated duties may result in occupational exposure to bloodborne pathogens, the employer must establish a written exposure control plan designed around the concept of universal blood and body fluid precautions to minimize or eliminate exposure. This written plan must contain at least the following elements:

- An exposure determination.
- The schedule and method of exposure control.
- The procedure for evaluating the circumstances when exposure incidents occur.

Employers must ensure that a copy of the exposure control plan is accessible to employees. This plan must be reviewed and updated at least annually, or whenever new or modified tasks and procedures affect occupational exposure.

Engineering and work practice controls. Engineering and work practice controls must be used to eliminate or minimize employee exposure. Engineering controls must be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Examples of engineering controls include:

- Needle-handling and disposal procedures.
- Prohibition of eating, drinking, smoking, applying of cosmetics or lip balm and handling of contact lenses where there is a reasonable likelihood of exposure.
- Safe procedures to minimize splashing, spraying, spattering and generation of droplets when performing tasks involving blood or other potentially infectious materials.
- Labels and signs.
- Housekeeping and cleaning of areas that contain infectious materials.
- Hand-washing facilities.

Labels and signs. Appropriate warning labels must be affixed to containers of regulated waste, refrigerators and freezers that contain decedents or other potentially infec-

tious items, and to containers used to store, transport or ship potentially infectious materials.

Personal protective equipment (PPE).

Where occupational exposure remains after institution of engineering controls and safe work practices, personal protective equipment must also be used. The employer must provide all necessary PPE at no cost to the employee. Equipment could include:

- Gloves.
- Gowns.
- Shoe covers.
- Face shields or masks.
- Eye protection.

Some jobs may require only gloves and eye protection, while others may require a gown, face shield, shoe covers and gloves for full body protection. Personal protective equipment is considered adequate only if it does not permit blood or other potentially infectious materials to pass through to, or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use for as long as the PPE is used.

The employer must ensure that the proper personal protective equipment, in the appropriate sizes, is readily accessible at the work site, or is issued to employees.

Hypoallergenic gloves, glove liners, powderless gloves or similar alternatives must be readily accessible to employees allergic to the gloves normally provided. The employer must clean, launder, repair or replace all required personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

Employee information and training.

Employers must ensure that all employees with occupational exposure participate in a training program that's provided at no cost to the employee that takes place during working hours. Training must be provided at the time of initial assignment to tasks where occupational exposure may occur, and at least annually thereafter.

Employers must provide additional training when changes in tasks or procedures affect an employee's occupational exposure. Training must be appropriate to the education level, literacy and language of each employee. The minimum requirements of a training program include:

- An accessible copy of the regulatory text of OSHA's Bloodborne Pathogens Standard, and an explanation of its contents.

• A general explanation of the epidemiology and symptoms of bloodborne diseases.

• An explanation of your exposure control plan and the means by which an employee can obtain a written copy of the plan.

• An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

• An explanation of the methods that will prevent or reduce exposure, including engineering controls, work practices and personal protective equipment, and the limitations of each.

• Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

• An explanation of the basis for selection of personal protective equipment.

• Information on the Hepatitis B vaccine.

• Information on the procedures to be followed when any exposure to blood or body fluids occurs.

• An explanation of the signs, labels and color coding used to identify hazards.

• An opportunity for questions and answers with the person conducting the training session.

The person conducting the training must be knowledgeable in the subject matter as it relates to the workplace, and be able to answer any employee questions.

Vaccinations. The employer must make the Hepatitis B vaccination available at no cost and at a reasonable time and place to any employee who has potential occupational exposure within 10 working days of initial assignment. These vaccinations must be performed by or under the supervision of a licensed health care professional according to the recommendations of the U.S. Public Health Service current at the time that the evaluations and procedures take place.

Post-exposure follow-up. Following a report of an exposure incident, the employer must immediately make available a confidential medical evaluation and follow-up, at no cost to the employee. **This follow-up must include identification of the individual who was the source of the exposure, if feasible. (Exposure may come from handling of the deceased or from a number of other situations, including giving first aid to a fellow employee or doing custodial tasks such as cleaning bathrooms or handling garbage.**

The employer must ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee. The employer must obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

Recordkeeping. Training records must be maintained for three years from the date on which the training occurs. The employer must establish and maintain records of workplace injuries and accidents related to bloodborne pathogen exposure.

Who must be included in your program?

It is typical for staff members who handle bodies at a funeral home or crematory to have expertise and extensive background in mortuary science. They therefore have a good understanding of the risks involved and methods to control exposure to bloodborne pathogens. Even so, they must be included in your program so that they understand your facility's exposure control plan.

There may also be employees without this knowledge and training who may come into contact with body fluids at your facility. These people could be custodial staff, florists, drivers or designated first responders. Do you ever hire a beautician to do hair or ask a yard worker to help lift a body? Suddenly these people have the potential for exposure. You must assess who is at risk and include *all* of these individuals in your program.

Look for more tips on developing safety programs for the following topics in upcoming issues of ICCFA Magazine:

- Ergonomics (manual lifting and working in awkward postures).
- Machine guarding (retort, lawnmower, maintenance equipment).

Developing a safety program may seem like a daunting and expensive task for your business; but it is essential and it is money well-spent. Studies have shown a \$4 to \$6 return for every dollar invested in safety and health. This continuing article series will help you with the basics of how to put together the required safety programs for your business. Remember, a successful safety program is the key to having not only healthy, competent workers, but also a healthy, successful business. □