

Dealing With Workplace Injuries

Part I: Blood Borne Pathogens

OSHA requirements for a specific plan dealing with blood means coming to the aid of injured employees isn't the simple matter it once was

By Jim Parrie, Ph.D., CPF

Do you know how to make a “framer's bandage”? Use masking tape with a small piece of paper towel in the middle to make your own Band-Aid. Years ago, you could run to the aid of a fellow worker and place a framer's bandage on a cut without fear. Today, with HIV, hepatitis, and other blood borne diseases, being a caring person in such a fashion could make you, well, dead.

While most people are concerned with contracting HIV from coming in contact with someone else's blood, a more likely and easily contractible disease is Hepatitis C. The AIDS virus cannot live once it is exposed to the air. Hepatitis C, however, can live for up to four days on a surface even exposed to the air. This is one of the reasons why framers must be careful when rendering aid and cleaning up any fluids after an accident. Say a person gets a nick on the jagged cutter of a masking tape dispenser and leave some blood. Next day, you could do the same thing on the same tape dispenser. The possibilities are scary. This isn't cause for panic, but it should make you be aware and prepared.

OSHA Requirements

The Occupational Safety and Health Administration (OSHA) requires all employers who can “reasonably anticipate exposure” of employees to infectious material to prepare and implement a written exposure control plan. This includes you because, as a framer, you can reasonably expect to have cuts in your facilities. And the written plan you need is called a “Blood Borne Pathogens Control Program.”

The term “blood borne pathogens” refers to infectious microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HPC) and human immunodeficiency virus (HIV).

A Blood Borne Pathogens Exposure Control Program eliminates or minimizes employee exposure to blood borne pathogens. It starts with an exposure determination that assumes that an employee will not use personal protective equipment. The answer is that employees should always use personal protective equipment when working or they may have a chance of coming into contact with bodily fluids.

Developing such a plan is not something to do all on your own. The regulations are numerous, and there are myriad exceptions along with state regulations and workman's compensation issues that must be considered. You should meet with or contract an OSHA consultant to help you write a program.

One important aspect of a program is that you designate and train “first responders.” A first responder has to be trained in basic first aid and CPR at the least. Generally, a first responder refers to a person who has more extensive training than basic first aid. For first responders to meet OSHA standards, they must comply with several pages' worth of detailed regulations, training, and equipment.

There are no published injury statistics for the framing industry in particular, but my experience at hundreds of facilities has shown that the most common injuries are 1) nicks and cuts (some requiring stitches and/or sur-

The first in a series of articles that will provide an overview of OSHA regulations that can affect production framing. These articles are not “how to's” because of the sheer size of OSHA regulations but are designed to point out common dangers for employees at framing businesses. Nor are they meant to be the sole resource for creating an OSHA policy for a business. There are many other resources and consultants available that can assist you in complying with OSHA regulations, and it may also be free.

gery), 2) eye injuries, and 3) back injuries. This article focuses on injuries involving blood borne pathogens.

Compliance Methods

A blood borne pathogen program requires the issuance of “Compliance Methods” to all employees. Some items that may be included are:

- (1) Everyone in this facility will observe “universal precautions”
- (2) All human blood and body fluids will be considered infectious, regardless of the perceived status of the source individual
- (3) Each employee will have access to the exposure control plan in accordance with 29 CFR 1910.20(e).

The compliance methods must be put in writing, with each employee receiving the methods and training. They should sign that they have received these. There will also generally be punitive action taken for non-compliance and/or perks provided for accident-free days.

Work Practice Controls

Work practice controls should be used to minimize employee exposure at your facility. Exposure consists of an employee coming into contact with blood or other body fluids from other persons. Where occupational exposure may occur despite work practice controls, personal protective equipment must also be available to limit the risk. This may include but is not limited to goggles, rubber gloves, plastic aprons, garbage bags, and more. Professional training is necessary to make sure the controls are there and that everyone knows what to do and not to do no matter if they are first responders or not.

When there is a serious injury, such as the severing of finger, hand, or limb in a saw, innocent bystanders can be harmed. Through work practice controls, employees may be instructed that, in the event of an injury that results in the presence of blood and/or other body fluids, they are to remain at the site of injury as long as conditions are safe and to call for assistance. Having all witnesses on site will allow for a more accurate recollection of the incident to emergency personnel and for your internal paperwork. They may also be inadvertently sprayed with bodily fluids and not realize it. Trained personnel will be able to detect these and render the proper assistance.

Work practice controls also help each employee know what to do and not to do in the event there is an injury involving bodily fluids. In the event of an exposure, your procedures may require that:

- First responders react to blood borne injuries
- All other employees are excluded from responding.

This is to protect Good Samaritans from being accidentally exposed or from rendering potentially harmful aid. For instance, if a person were to sever a finger in a saw, the first reaction for most Good Samaritans is to

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Blood Borne Pathogen Test

Here is a sample copy of a blood borne pathogen test. Take the test and see how you do. Answers are at the end.

1. How long can the HIV virus survive outside of the human body?
A. Two weeks B. Five minutes
C. Cannot survive outside of body
2. AIDS exist in the form of a virus.
A. TRUE B. FALSE
3. The HIV treatment is administered in a series of three shots.
A. TRUE B. FALSE
4. The Hepatitis B virus is the most serious health contaminate in the American workplace.
A. TRUE B. FALSE
5. The Hepatitis B and HIV contaminate can be destroyed by 10 percent or greater solution of bleach.
A. TRUE B. FALSE
6. After pouring bleach solution on a Hepatitis B or HIV contaminated site, you must let it set at least 15 minutes before wiping it up.
A. TRUE B. FALSE
7. All contaminated items must be discarded in a medical bio-hazard bag.
A. TRUE B. FALSE
8. You must never pick up sharp or pointed objects with your hands.
A. TRUE B. FALSE
9. Unless you are 110 percent sure, you must always consider the possibility of contamination when dealing with another person's body fluids.
A. TRUE B. FALSE
10. When injury occurs it is best to remain at the site of injury if conditions are safe and to call for help.
A. TRUE B. FALSE
11. All incidents of contamination must be reported to your supervisor immediately.
A. TRUE B. FALSE

Answers

1-C, 2-A, 3-B, 4-A, 5-A, 6-A, 7-A, 8-A, 9-A, 10-A, 11-A

run to the victim and wrap a towel around the injured hand. The towel may become blood soaked fairly quickly, thereby exposing the Good Samaritan to blood borne pathogens.

First responders should be trained to wear single-use gloves before assisting injured workers. These gloves should be readily available in the saw area at the least. Once used, they need to be disposed of in a bio-hazard materials bag and properly discarded.

Some other pointers for first responders are:

- First responders and other employees should minimize any distribution or generation of droplets of blood or other potentially infectious materials
- First responders will attempt to stop the bleeding of any injured employee. If the cut or injury is minor and requires only first aid, standard procedures like the application of a bandage will be followed.
- If professional medical attention is required, a local ambulance will be the first choice for transport and a personal automobile will be the second choice. If a personal automobile is taken, impervious material like plastic will be used to prevent contamination of the vehicle. Some garbage bags should be torn and used to line the seats to prevent blood from dripping onto them. Remember, other passengers may ride in that car the next day. If contaminated blood were to accidentally drip in the car, a passenger may come into contact with the tainted fluids.
- Specimens of blood or other potentially infectious material should be placed in a container that prevents leakage during collection, handling, processing, storage, transporting, and shipping.

If you use plastic bags, you should double-bag the debris to prevent leakage. You will also need to contact your waste disposal company to verify the proper means of disposing of such waste.

Cleaning Contaminated Areas

After there has been an accident in your facility, how have you cleaned up the mess? Generally, most employers assign some unlucky person to the job of cleaning up. That person will get out a mop and rubber gloves and proceed to use them with soapy water to clean up. Employees should, instead, follow a detailed protocol set forth in your written procedures on cleaning contaminated areas, disposal of contaminated items, laundry procedures, employee hygiene and housekeeping, and reporting exposure incidents. Whoever does the cleaning should be trained in cleaning bodily fluids. Here are some items that should be considered for a written program:

1. All facility areas must be immediately cleaned and decontaminated after an incident
2. All contaminated work surfaces will also be cleaned and decontaminated

3. Decontamination will be done with bleach and allowed to dry for 15 minutes before wiping up
4. A contaminated area will be wiped with paper towels. The towels and contaminated gloves will then be placed in a clean, heavy duty garbage bag. The items will be covered with bleach and allowed to remain overnight. These items will then be disposed of as normal trash. (Check with your waste disposal company and your OSHA consultant to see if you can dispose of this type of waste in such a manner.)

First Responder Duties

Every facility should have at least one person designated as a first responder. Designated first responders should receive specific training (which is available from OSHA consulting firms, some workman's comp providers, and others) in CPR, first aid, and other lifesaving techniques. Whatever training they receive, your written program needs to include specifics that are required of first responders. Here is an example of a written program (Note: do not use this as your written program. Each program must be tailored to each facility.)

First responders to accidents will:

- Place their contaminated gloves into a garbage bag before leaving the area of the facility where an employee was assisted
 - Cover the gloves with bleach after rendering assistance.
- Each first responder will be provided with a kit that will include:
- a. Single-use gloves
 - b. Other personal protective equipment
 - c. Garbage bags
 - d. Paper towels
 - e. Bleach
- All equipment that may become contaminated with blood or other infectious materials will be examined and decontaminated before servicing or shipping
 - Decontamination and material disposal will be the responsibility of the first responder.

This shows how a written program must designate specific people and places for a bodily fluid occurrence. You have to designate other people and places in case of a heart attack, choking, birth, tornado, fire, and more. The people and places will also be dictated by the type of facility, the layout of the facility, and where the facility is located. If your facility is in two or three different buildings, you will have different requirements than for a two-story building.

Training

All employees with occupational exposure should participate in a training program. You should ask your OSHA consultant or workman's comp provider about who does not need to be trained. It is safer to assume that a person should be trained than to risk not training a person who should be trained. Training should be done before initial

assignment to tasks where occupational exposure may occur and should be repeated at least annually. Additional training should be provided when any changes affect an employee's occupational exposure, such as moving from sales into production.

Any employee exposed to infectious materials should receive training, even if the employee received an HBV vaccine after exposure. This training should at least include:

1. An accessible copy of the text of 29 CFR 1910.1030 and an explanation of its contents.
2. A general explanation of the epidemiology and symptomology of blood borne diseases.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of the exposure control plan, including the means by which an employee can obtain a written copy.
5. An explanation of appropriate procedures for recognizing tasks and other activities that might cause exposure to blood or other potentially infectious materials at a facility.
6. An explanation of the use and limitations of methods at a facility to control exposure to blood or other potentially infectious materials.
7. Information on the proper use, location, handling, removal, and decontamination of personal protective equipment available at a facility, including who

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- should be contacted to obtain the equipment.
8. An explanation of the basis for selection of personal protective equipment.
 9. Information on the hepatitis B vaccine program at a facility, including its effectiveness, the benefits of being vaccinated, and the fact that the vaccine is offered free of charge.
 10. Information on post-exposure evaluation and follow-up that the employer is required to provide an employee.
 11. An explanation of required signs, labels, and color-coding used at a facility.
 12. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and available medical follow-up.
 13. Information on actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 14. An opportunity for interactive questions and answers with a trainer.
 15. A list of the names of trainers and their qualifications. (These qualifications must meet or exceed OSHA standards.)

Hepatitis B Vaccine

All employees (especially first responders) who have occupational exposure to blood or other potentially infectious materials should be offered a hepatitis B virus (HBV) vaccine at no cost, unless:

- The employee has documented that he or she has previously received the complete hepatitis B vaccination series
- Antibody testing reveals that an employee is already immune.

An employee can initially decline an HBV vaccine. Employees who decline the HBV vaccine must sign a waiver that uses specific wording based on the OSHA standard. An employee who initially declines the vaccine can still request the vaccination at a later date at no cost.

An employee who has an exposure incident must be

offered an HBV vaccine within 24 hours of exposure. The full vaccination series should begin as soon as possible but no later than 24 hours after the employee renders assistance. This is of the utmost importance to protect your staff.

Personal Protective Equipment

You need to provide blood borne pathogen personal protection equipment (PPE) at no cost to employees. It is essential that all equipment should be disposed of or replaced at no cost to employees. The personal protective equipment should be used only if it does not permit blood or other potentially infectious material to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions and duration of use. The personal protective equipment used at many facilities typically consists of single-use gloves, goggles, and a mask. Whatever PPE is supplied, you should check to make sure the equipment will not allow pathogens to pass through. Don't buy cheap stuff just to save a buck; a person's life is worth more than a pair of cheap gloves. In addition, do not wash or decontaminate PPE single-use gloves for reuse.

An in-depth discussion of blood borne pathogens would take volumes. OSHA regulations are intricate, so you should seek counsel and guidance and begin implementing a blood borne pathogen program as part of an overall effort of OSHA compliance. And, when you make your facilities OSHA compliant you generally make them cleaner, more efficient, and more productive. Those concepts are a definite plus, but protecting your people and yourself should be the driving concern. ■

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