The Bloodborne Pathogens Standard (29 CFR 1910.1030) and Smallpox Vaccination Programs

This Alert is to inform New Jersey public employers and employees regarding compliance with the PEOSH Bloodborne Pathogens Standard for healthcare workers who administer the smallpox vaccine. In order to provide this information, the PEOSH Program has modified a U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) document to fit New Jersey’s public sector.

NOTE: These Frequently Asked Questions (FAQs) were drafted in cooperation with the Centers for Disease Control and Prevention (CDC) and are intended to address questions about how the provisions of OSHA’s Bloodborne Pathogens Standard (29 CFR 1910.1030) apply to healthcare workers who administer smallpox vaccinations during the current, national vaccination program. For more information on smallpox vaccinations, visit www.cdc.gov.

What is the Bloodborne Pathogens Standard?

PEOSH Bloodborne Pathogens Standard, 29 CFR 1910.1030 as amended pursuant to the 2000 Needlestick Safety and Prevention Act, is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens. It has provisions dealing with exposure control plans, engineering and work practice controls, hepatitis B vaccination, hazard communication and training, and recordkeeping. The Standard imposes requirements on employers of workers who may be exposed to blood or other potentially infectious materials such as certain tissues and bodily fluids.

Are New Jersey public employees who administer the smallpox vaccine covered by the Bloodborne Pathogens Standard?

Yes, public employees who work in smallpox vaccination clinics in New Jersey and have potential exposure to bloodborne pathogens are covered under the PEOSH Bloodborne Pathogens Standard.

What are public employers involved in smallpox immunization efforts required to do to comply with the BBP Standard?

Because these employers should already be complying with the Standard, only a few additional precautions will be necessary, including updating their exposure control plans so that they address smallpox vaccination, and providing their employees with vaccination procedure-specific training.

The exposure control plan

The Bloodborne Pathogens Standard requires employers to review and update their exposure control plan at least annually or whenever necessary to reflect new or modified tasks or procedures affecting employee exposure. Facilities involved in the smallpox immunization plan will need to ensure that their plans include provisions relevant to the administration of smallpox vaccine.

Existing plans should already include the following elements:

1. Exposure determinations defining which job classifications have occupational exposure. In this instance, this pertains to individuals who perform vaccination and/or handle sharps disposal containers, as well as individuals who perform follow-up care for people who have been vaccinated.
2. Engineering and work practice controls, e.g., appropriate medical devices, sharps disposal containers, hand hygiene.
3. Personal protective equipment.
4. Housekeeping, including decontamination procedures and removal of regulated waste.
5. Information and training, including training associated with the performance of new tasks or procedures (see below).
6. Hepatitis B vaccination.
7. Post-exposure evaluation and follow-up.
8. Recordkeeping (including sharps injury log).

Aspects of the exposure control plan that may need special attention relevant to the smallpox vaccination program include:
1. Training on the safe use and disposal of the bifurcated needle (see below).

2. Procedures for safe performance of vaccination including:
   a. Ensure that vaccination supplies, including sharps containers, are conveniently located at the point of vaccination.
   b. Prior to performing vaccination, explain the procedure to the person being vaccinated, including the risk of sharps injury to the vaccinator, and the need to avoid inadvertent movement during the procedure.
   c. Maintain visual contact with the bifurcated needle until vaccination is completed and the disposal of the needle has taken place.
   d. Immediately dispose of the bifurcated needle in the point-of-use sharps container. (If bifurcated needles must be reprocessed, safety measures to prevent injury after use and during reprocessing should be followed.)
   e. If a bifurcated needle drops, pick the needle up carefully in such a way as to minimize the possibility of accidental needlestick, preferably through the use of forceps or other methods that reduce the chance of accidental needlestick. In no circumstance should an employee touch the sharp end of the needle.
   f. Follow established procedures for handling vaccine vials during administration. Dispose of the vials and blood-contaminated gauze in the appropriate waste containers in accordance with applicable state, county, and municipal regulations.

3. Procedures for post-exposure follow-up after an exposure incident:
   - The employer’s exposure control plan may need to be amended to reflect any changes regarding reporting or follow-up procedures after an exposure incident in newly-created smallpox vaccination clinics.

If these steps are followed diligently, the opportunity for blood exposure and sharps injury should be minimal.

Safer medical devices
As a primary method of employee protection, the Standard requires employers to eliminate or minimize employee exposure to blood and other potentially infectious materials, to consider using appropriate commercially available and effective safer medical devices such as sharps with engineered sharps injury protections (SESPs) to meet this obligation, and to document that consideration whenever they update their exposure control plans.

In the national smallpox program, a pre-packaged, licensed kit is being distributed for administering the smallpox vaccine. Only one medical device incorporating the bifurcated needle design is part of the prepackaged kit for the licensed Dryvax smallpox vaccine. As of January 2003, CDC has determined that no other commercially available bifurcated needles are appropriate for administering the smallpox vaccine being distributed in this prepackaged kit. If, in the future, improved safety devices become commercially available, employers will be responsible for evaluating whether any of those devices are appropriate for use at their workplaces.

Training
The Bloodborne Pathogens Standard also requires employers to provide training to each worker in any new tasks or procedures that affect the employee’s potential occupational exposure. Administration of the smallpox vaccine would be such a new task or procedure for most workers. The materials provided by the vaccine manufacturer provide the foundation for meeting this requirement.

Other provisions
Other PFOSH requirements are applicable to workers administering the smallpox vaccine, including additional provisions of the Bloodborne Pathogens Standard, recordkeeping, record retention, and record access rules. For example, workers administering the vaccine must be offered hepatitis B vaccination after they have received Bloodborne Pathogens training and within 10 working days of initial assignment. If an employee sustains a needlestick injury during vaccine administration, the employer’s obligation for follow-up would be the same as for any other needlestick injury. Health care employers are already required to comply with those requirements, however, so no new obligations would be imposed because of the smallpox vaccination program.

For more information about how the PFOSH Occupational Exposure to Bloodborne Pathogens Standard (29 CFR 1910.1030) applies to health care workers who administer smallpox vaccinations, please contact the PFOSH Program at (609) 984-1863.

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OSHA's Occupational Exposure to
Bloodborne Pathogens Standard (29 CFR 1910.1030)
and Smallpox Vaccination Program

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Other occupational health topics you would like to see the PEOSH Program develop an information bulletin.

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