Guidelines and Instructions for Developing a Bloodborne Pathogen Exposure Control Plan - Work Practice Controls - Maryland Occupational Safety and Health (MOSH)

Work practice controls are procedures that reduce the likelihood of exposure by altering the way in which a task is performed (e.g., prohibiting mouth pipetting and recapping of needles).

General Requirements — Since every facility must use "universal precautions", we have incorporated this requirement into our plan. Other infection control practices such as Standard Precautions and Body Substance Isolation may also be utilized, provided all other requirements of the standard are met. The compliance worksheet identifies other work practices that you will have to consider. These include such things as employing methods and techniques that minimize splashing of blood, and prohibiting eating, drinking, and application of cosmetics in areas where potentially infectious materials may be present.

Handwashing — This section of the plan should detail your procedures for handwashing. In general, these procedures should include a provision to require washing as soon as practical after blood contact with skin, eyes, or mucous membranes, and after removing gloves or other protective equipment.

In some situations, such as emergency response at remote sites, running water may not be immediately available. In these cases, your plan must describe what alternatives your employees will use to clean their hands in the "field". Regardless of the method you choose (e.g., waterless hand cleansers, disinfectant towelettes, etc.) You must also require that employees wash their hands under running water as soon as practical, for example, when emergency responders return to their assigned quarters.

Facilities for Flushing Eyes — A ready source of running water to flush the eyes or mouth is sufficient. Small units that attach to faucets are available at minimum price if your practice is such that exposure to copious amounts of blood is anticipated. There is a popular misconception that a commercial eyewash system is required. This is not true if your only concern is exposure to bloodborne pathogens.

Disposable and Reusable Sharps — Needles must not be bent or recapped by hand unless absolutely necessary because of the nature of a specific medical procedure. Your procedures should also require that sharps be placed in identified, puncture-resistant containers which are located as close as practical to where sharps are used or are likely to be found (e.g., hospital laundries). The standard allows you to determine what is "as close as practical" but your decisions must be supported by sound professional judgment, for example, in each examining room or room in which the needle is used, as long as there are not compelling reasons for placing containers elsewhere. Sharps with engineered sharps injury protection must also be placed in appropriate sharps containers, after use.

Specimen Handling — If you handle specimens, any specific work practices for proper handling should be identified. For example, you might want to describe the methods used to package specimen containers for shipping. If you do not handle specimens, you do not have to be concerned about this section.

Equipment Decontamination — Equipment must be decontaminated prior to being shipped or repaired so that those involved in the transportation, handling, and repair are not exposed to potentially infectious material. Your procedures in this area should describe the steps that will be taken to clean the equipment before others are allowed to handle it. These procedures may include instructions for disassembly to allow decontamination of internal components. If the equipment cannot be fully decontaminated, then you will have to attach a label, with a biohazard warning, and indicate which portions are still contaminated. The exact labeling method is up to you, but string tags, self-adhesive labels and sheets of paper taped to the equipment would all be acceptable.