



## Part 554. Bloodborne Infectious Diseases Rules and the Body Art Industry

The bloodborne infectious diseases rules apply to employers with employees exposed to blood or other potentially infectious material (OPIM). \*

### **Exposure Control Plan (ECP)**

A requirement of the bloodborne infectious diseases rules is a written exposure control plan which must be reviewed and updated annually. The elements of a written exposure control plan are:

- Exposure Determination.
- Schedule and method of implementation of rules.
- Summary of the training program.
- Procedures for evaluating exposure incidents.
- Task specific Standard Operating Procedures (SOPs).
- Management of exposure incidents.
- Annual review of the plan by a knowledgeable authorized person.
- Outline the facility's plan.
- Establishment of work practice rules.
- Vaccine program.
- Post exposure follow-up plan.

### **Work Practices**

Work practice controls, primarily handwashing, is an essential part of the program. Hands must be washed if there is contact with blood or other potentially infectious material, and after glove removal. If handwashing facilities are not feasible, alternatively, antiseptic cleansers or antiseptic towelettes may be used, until such time as the employee is able to wash his hands with soap and water. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

### **Personal Protective Equipment (PPE)**

To protect employees from bloodborne exposure, PPE is required. All PPE provided for rendering body art services, first aid or housekeeping involving blood or OPIM must be provided without cost to employees. All PPE repairs and replacements will be made by the employer at no cost to employees.

When rendering body art services where blood and/or OPIM is involved, gloves must be worn by the employee. If splashing or splattering of blood is anticipated, protective eyewear and a mask or a faceshield must be worn to prevent splattering into the eyes, nose or mouth. If blood contact with street clothing or the skin is anticipated, fluid-resistant clothing must be worn. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and for the duration of time which the protective equipment will be used.

All personal protective equipment must be removed prior to leaving the work area. Disposable gloves must not be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

### **Housekeeping, Disposal and Laundry**

If reusable protective clothing is worn and becomes contaminated, the employer is to provide for appropriate laundering. If laundering is necessary, the following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak proof, labeled or color-coded containers (e.g., red bags or bags marked with biohazard symbol) before transport.
- Wear the appropriate PPE when handling and/or sorting contaminated laundry.

Disposal of blood saturated items must be in biohazard bags or color coded red bags. If a blood spill occurs, it must be disinfected with either a 1:10 to 1:100 solution of bleach to water prepared that day or products registered with EPA on Lists A, B or D (not C). The National Antimicrobial Information Network maintains the EPA list of registered products online at [www.ace.orst.edu/info/nain](http://www.ace.orst.edu/info/nain) or call (800) 447-6349. All bins, pails, cans, and similar receptacles for regulated waste disposal in the work areas or any area normally involved in body art services shall be appropriately colored or labeled as containing biohazards and shall be inspected, emptied and decontaminated on a regularly scheduled basis. Disposal of feminine hygiene products and bandages or Kleenex used in self-administered first aid (bloody nose, small cut) are not considered regulated waste and can be disposed of in the normal waste stream.

All work surfaces will be decontaminated after completion of services and immediately or as soon as feasible after any spill of blood or OPIM materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Contaminated sharps must be discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottoms, and affixed with a biohazard label or appropriately color coded. Sharps disposal containers must be easily accessible and as close as feasible to the immediate area where sharps are used.

### **Vaccination**

The hepatitis B vaccination must be offered free of charge prior to exposure, after training, and within 10 days of initial assignment. An employee may choose to decline the vaccine and document that by signing a declination statement. If the employee initially declines the vaccination and then decides to accept it, the vaccination must be offered again free of charge. Following hepatitis B vaccinations, the health care professional's written opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

### **Post-Exposure Evaluation and Follow-Up**

An exposure incident occurs when blood or OPIM comes in contact with eyes, mouth, nose, other mucous membrane, non-intact skin or a parenteral (piercing/puncture) through the skin. If this occurs, request consent from the source individual to have his/her blood tested for HBV and HIV antibody. Offer the same test to the exposed employee. Treatment as prescribed by the U.S. Public Health Service must be followed and a confidential medical examination made available to the employee. The results of testing

of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

### **Training**

Training must be provided to employees at the time of initial assignment and annually thereafter. Training sessions shall afford employees ample opportunity for discussion and the answering of questions by a knowledgeable trainer. Topics that must be covered are:

- An explanation and a copy of the standard.
- An explanation of the facility's ECP and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of engineering controls, work practices, and PPE.
- An explanation of and supervised practice with the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the confidential medical evaluation and follow up that will be made available.
- Information on the post exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used at the facility.
- An opportunity for interactive questions and answers with the person conducting the training session.

### **Recordkeeping**

Medical and training records must be maintained. Medical records must be maintained for the duration of employment plus 30 years, and training records must be maintained for 3 years. Content of the records are explained in Rule 15 of Part 554. Bloodborne Infectious Diseases Standard.

If there are additional questions or concerns regarding the bloodborne infectious diseases rules, please contact the Michigan Department of Energy, Labor & Economic Growth, Michigan Occupational Safety and Health Administration, Consultation Education and Training Division (517) 322-1809. A copy of Part 554. Bloodborne Infectious Diseases Standard is available at [www.michigan.gov/mioshastandards](http://www.michigan.gov/mioshastandards).

*\*The Michigan Department of Community Health (MDCH) Public Act 149 sets statewide requirements for body art facilities aimed at decreasing the risk of transmission of bloodborne diseases such as hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Public Act 149 requires those performing body art activities such as tattooing, body piercing, and branding, involve blood exposure or a high likelihood of blood exposure to comply with the MIOSHA Part 554. Bloodborne Infectious Diseases standard.*