

# MIOSHA Fact Sheet



## Bloodborne Infectious Diseases

### What are bloodborne infectious diseases?

Bloodborne infectious diseases (also known as bloodborne pathogens) are illnesses caused by microorganisms that are transmitted to human through blood and other potentially infectious materials (OPIM). The microorganisms include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Transmission can occur when workers are exposed to the blood and OPIM of others, through direct contact with another person, or indirectly through contact with medical laboratory samples, needles, or blood-soaked materials in the trash or linen.

### Is there a standard to protect employees?

Yes, General Industry Safety and Health Standard [Part 554. Bloodborne Infectious Diseases](#) (Part 554), which applies to general industry. Construction and agriculture are exempt; however, if the hazard is present in these industries, employers must take steps to prevent employee exposure and infection under Construction Safety and Health Standard, [Part 1. General Rules](#), and the general duty clause, Section 408.1011 of the Michigan Occupational Safety and Health Act, [Act 154](#). Part 554 does not apply to incidental exposures which are neither reasonably nor routinely expected or to any type of “Good Samaritan” action.

### How does an employer determine if it has employees covered by Part 554?

The employer must evaluate routine and reasonably anticipated tasks and procedures to determine whether there is actual or reasonably anticipated employee exposure to blood or OPIM. Based on this evaluation, all employees must be categorized as A or B. Category A employees have actual or

reasonably anticipated exposure to blood or OPIM. Category B employees do not have exposure to blood or OPIM. Exposure refers to exposure to the skin, eye, mucous membrane, or parenteral contact.

Category A would include many health care occupations and designated first-aid providers, even if first aid is a collateral job duty. Police, firefighters, tattoo artists, teachers, prison guards, equipment technicians, and others may also be included in Category A depending on whether they are first-aid providers and their level of physical contact with blood and OPIM.

### What are examples of OPIM?

OPIM includes semen, vaginal secretions, amniotic fluid, pleural fluid, and pericardial fluid, saliva in dental procedures, and any body fluid in situations where it is difficult to differentiate between fluids. It does not include feces, nasal secretions, tears, or urine unless visibly contaminated with blood.

### What is “reasonably anticipated?”

“Reasonably anticipated” is not defined by the standard. In general, anytime that an employee has a designated job duty that involves actual or potential exposure to blood or OPIM, they will be considered category A. This is especially true in health care settings. In general, “reasonably anticipated” does not include janitorial or housekeeping staff employed in a non-health care facility. However, each employer must make their own exposure determination as required by Rule 3 of Part 554.

### Does Part 554 require a written program?

Yes. Part 554 requires an employer to establish a written exposure control plan to eliminate or

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minimize employee exposure. This plan must include all of the following elements:

- An exposure determination.
- The schedule and methods to implement each applicable rule of the standard.
- A contents or summary of the training program,
- The procedures for the evaluation of exposure incidents.
- Task-specific standard operating procedures.

In addition, the plan must include documentation of employee involvement when employees are potentially exposed to injuries from contaminated sharps (needles, scalpels, broken glass, dental wires, etc.). The plan must be reviewed by the employer at least annually and updated as necessary.

### Where can I find a sample written program?

There are many blank, sample written programs available on the Internet from state OSHA's and insurance companies. Search "sample bloodborne exposure control plan." US OSHA offers a [model exposure control plan](#) for its own standard, [29 CFR 1910.130, Bloodborne Pathogens](#), after which Part 554 is patterned. At the MIOSHA website, you can find a [sample written exposure control](#) plan for an employer that has only limited employee exposure to blood and OPIM; thus, this sample program would not be appropriate for a hospital. The sample programs require an employer to fill in the blanks and read and edit the entire document to ensure it covers all the requirements of Part 554 and all aspects of their operations.

### What are the other main requirements of Part 554?

- **Engineering controls** that isolate or remove biological hazards must be used to minimize or eliminate employee exposure. These include sharp disposal containers, self-sheathing needles, and needleless systems.
- **Work practice controls** need to be implemented and enforced. Work practices are commonly associated with standard operating procedures

such as hand washing, sharps disposal, specimen packaging, decontamination, laundering, and housekeeping activities such as cleaning of work surfaces, spills, and broken glassware.

- **Personal protective equipment** must be provided at no cost to the employee. Items including gloves, gowns, masks, face shields, shoe covers, and pocket masks must be properly cleaned, repaired, or replaced as needed.
- **Regulated waste** (see Rule 2, Definitions) must be disposed of properly. Cloth or paper items that are not caked with blood or OPIM or cannot be compressed to release these materials are not regulated waste and can be disposed of in a normal manner.
- **Contaminated laundry** must be properly bagged where it was used and cannot be sorted or rinsed in patient care areas. It must be handled as little as possible, and laundry employees must wear gloves and other necessary personal protective equipment.
- Within 10 working days of assignment to a category A job, a **hepatitis B vaccination** must be made available to the employee as well as HBV antibody testing. If an employee declines to accept the hepatitis B vaccination, they must sign a waiver statement that contains the information stated in Rule 13(4)(d).
- An employee that has an "**exposure incident**" must be provided, at no cost, with a confidential medical evaluation and follow-up. Exposure incidents are specific contact of blood or OPIM to the eyes, mouth, other mucus membrane, nonintact skin, and parenteral exposure (needlesticks, human bites, cuts, etc.).
- Containers of regulated waste, refrigerators or freezers, and other containers that are used to store or transport blood or OPIM must have a **biohazard label**. Red bags or containers may be substituted for labels.
- **Information and training** must be provided by a knowledgeable trainer to employees at the time of their initial assignment and at least annually. Annually, means within 12 months of the previous training.
- **Recordkeeping** is required for medical records, training records, and a sharps injury log.