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Bloodborne Pathogens Requirements in Hospitality Laundry **You make the call**

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Typically the OSHA regulations addressing an employee's exposure to blood or other potentially infectious materials is an issue discussed at length by healthcare laundry operations. This discussion will focus on the application of the Bloodborne pathogens standards to hospitality laundry operations.

The regulations referenced here are the Occupational Safety and Health Administration (OSHA) standards 29 Code of Federal Regulations (CFR) 1910.1030. For the obvious reasons these regulations are of significant importance to healthcare laundry operations. However, the potential exposure to blood and OPIM encountered in hospitality laundries present opportunity for laundry workers to be exposed. Each hospitality facility must assess their own exposure based on their situation. This article will provide the hospitality laundry manager with the basic information relevant to the safety regulation, some poignant questions and answers from OSHA and provide insight into the application of the regulations for the hospitality textile processing market.

First we need to clarify some terms associated with this OSHA standard. Frequently the interpretation of these words is based on their application to the healthcare arena. Relevance to the hospitality industry is provided in italics below the OSHA definition.

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| Contaminated Sharps | refer to any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.
<i>Note that for hospitality the term sharps will most likely refer to broken glass, knives, razor blades, forks, cork screws, and scissors as well as needles.</i> |
| Contaminated laundry | means laundry which has been soiled with blood or OPIM or may contain sharps.
<i>Hospitality linen managers should realize that the <u>absence</u> visible blood does not eliminate the contamination concern of the product/textiles.</i> |
| Occupational Exposure | reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties. |
| Other potentially infectious materials | (OPIM) means the presence of semen, vaginal secretions, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; <i>(definition amended to exclude applications relevant only to a healthcare environment)</i> |

Personal Protective Equipment specialized clothing or equipment worn by an employee *for protection against a hazard*. General work clothes (e.g. uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard are not considered to be personal protective equipment. Note that smocks, scrubs, or other apparel not designed for barrier protection do not meet the requirements of personal protective equipment.

Universal Precautions refers to a concept of bloodborne disease control which requires that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

The first step in the analysis and/or implementation of OSHA's Bloodborne Pathogen (BBP) regulations in a hospitality laundry operation is that the employer must determine if there is/are employee(s) at risk of occupational exposure to bloodborne pathogens. Is it reasonable to anticipate that soil sort personnel will encounter broken glass, razor blades, knives, needles or other devices that can penetrate the skin?

What is the likelihood of exposure for laundry/washfloor personnel? If the employer determines that it is reasonable to assume that laundry personnel could be at risk then the employer is required to establish a written **Exposure Control Plan** which is designed to eliminate or minimize employee exposure [1910.1030(c)(1)(i)]. The Exposure Control Plan would contain three elements: an exposure determination plan (identifying who is at risk), a schedule and method for implementing compliance (how to put the plan into place), and an exposure incident plan (the steps to follow if an employee is exposed).

If it has been determined that the hospitality laundry employees are at risk then it must be determined exactly who is at risk. Because the determination has been made that there is a risk it does not indicate that all employees in the hospitality laundry are at equal risk for exposure. How does a laundry manager identify who is at risk? OSHA provide a clear template for this process, an **exposure determination plan**, which consists of a three-step process to identify those at risk. The employer is responsible for assembling:

- a list of all job classifications where all employees in those jobs classifications have occupational exposure,
- a second list of job classifications where "some" of the employees have occupational exposure, and
- a third list of all the tasks and procedures in which occupational exposure occurs and is performed by employees in the job classifications listed in the second list.

Consider, for the purpose of this discussion, that management determines that all job classifications on the soil sort side of the operation have occupational exposure [*bullet #1 above*] since they handle the soiled/contaminated linens and they are the mostly likely to encounter contaminated sharps is sorting/classifying the textiles. After reviewing job classifications, management also determines that some of the employees on the clean side of the operation (i.e. those removing the clean textiles from the washers) [*bullet #2 above*] could be at risk of exposure to sharps that may have been overlooked during classification and presort. In this situation management would list [*bullet #3 above*] soil/linen classification, loading/unloading washers and shaking out/breaking apart linen as the tasks where exposure could occur on the clean side.

According to the OSHA guidelines, you cannot pick and choose portions of the standard to implement within your laundry. Some laundry managers feel that offering the Hepatitis B vaccine to all laundry employees complies with the standard. The standard is far broader than just

offering a vaccine and simply providing this segment of the requirement does not equate to compliance. Are the following highpoints included in your BBP policies and procedures?

- ✓ A copy of the Exposure control plan is accessible to employees and reviewed annually
- ✓ Do you follow "Universal Precautions" or are textiles at potential for containing BBP identified in a manner that laundry personnel can recognize the risk and follow facility guidelines for handling?
- ✓ Handwashing facilities are readily accessible to employees
- ✓ Sharps containers provided for disposal of contaminated sharps
- ✓ No eating, drinking, smoking or applying cosmetics in work areas where there is likelihood of exposure
- ✓ Appropriate PPE is provided in appropriate sizes and repaired or replaced as needed
- ✓ The employer ensures that employees use appropriate PPE
- ✓ A regular schedule is developed for cleaning all equipment and working surfaces with an appropriate disinfectant
- ✓ Disposal of all regulated waste is done in accordance with applicable regulations
- ✓ Contaminated laundry is appropriately identified
- ✓ Hepatitis B vaccination series is available at no charge to all employees who have occupational exposure

Remember that OSHA is concerned with the laundry employee's safety. Are they safe while performing their job? While the OSHA BBP standards are lengthy below are some questions posed directly to OSHA, along with the OSHA response, that may help in the determination and/or implementation of the OSHA standards at your hospitality facility.

The following are from OSHA Interpretation responses to questions regarding the application of the Bloodborne Pathogens Standard to the Hotel/Motel industry. These comments are available on the OSHA website at www.osha.gov

OSHA's Bloodborne Pathogens Standard, including its 2001 revisions, applies to all employers who have employees with reasonably anticipated occupational exposure to blood or other potentially infectious materials (OPIM). These employers must implement the applicable requirements set forth in the standard. Some of the new and clarified provisions in the standard apply only to healthcare activities, but some of the provisions, particularly the requirements to update the Exposure Control Plan and to keep a sharps injury log, will apply to non-healthcare as well as healthcare activities.

The bloodborne pathogens standard addresses the broad issue of occupational exposure to blood and other potentially infectious materials (OPIM) and is not meant solely for employees in health care settings. Since there is no population that is risk-free for human immunodeficiency virus (HIV) and hepatitis B virus (HBV) infectivity, any employee who has occupational exposure to blood or other potentially infectious materials is included within the scope of this standard.

It is important to note that "occupational exposure" is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties."

Normally laundry in a non-healthcare setting would not be covered by the bloodborne pathogens standard. However, if there is "occupational exposure" as

defined above and if the laundry is soiled or contaminated with blood or OPIM, it would be necessary for an employer to comply with provisions of the standard.

The standard requires that soiled linen should be handled as little as possible and with minimum agitation to prevent exposure to the handler, see 1910.1030(d)(4)(iv)(A). Linen soiled with blood or OPIM which is sent to a facility to be laundered must be placed and transported in specially marked bags that also prevent leakage, see 1910.1030(d)(4)(iv)(A)(1). The standard does not prohibit the employer from laundering on site as long as the laundering is performed by trained individuals utilizing universal precautions. Other provisions on laundry are set forth in 1910.1030(d)(4)(iv).

While housekeeping staff and laundry attendants in non-health care facilities may not be generally considered to have occupational exposure, it is the employer's responsibility to determine which job classifications or specific tasks and procedures involve occupational exposure. Occupational exposure is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties." Employers in the hotel industry must, then, take into account all circumstances of potential exposure and determine which, if any employees may come into contact with blood or OPIM during the normal handling of laundry in their facility from initial pick-up through laundering.

For example, an employee who handles linens soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva (other than saliva from dental procedures) would not be occupationally exposed during that task as these substances are not "other potentially infectious materials" as defined in the standard, unless they are contaminated with visible blood.

On the other hand, employees that handle, for example, linens soiled with urine that did contain visible blood would be occupationally exposed. An employer may designate specific employees to perform the tasks and procedures, if any, that involve occupational exposure and train other employees to defer such tasks to employees designated to perform them.

In conclusion, the determination regarding a hospitality laundry workers potential exposure to bloodborne pathogens is a decision that begins with management following guidelines clearly defined in the OSHA standards to assess the potential for exposure of laundry workers. However, in a reply to a request for an OSHA interpretation regarding the application of the BBP Standards specifically to the hotel/motel industry OSHA's summary response stated that "For OSHA compliance purposes, if the agency determines, on a case-by-case basis, that sufficient evidence exists of reasonably anticipated occupational exposure, the employer will be held responsible for providing the protections of 29 CFR 1910.1030 to those employees with occupational exposure".¹

¹ www.osha.gov, 01/26/1993 The hotel/motel Industry and the bloodborne pathogens standard, OSAH Standards Interpretation

FOR FURTHER READING & REFERENCE:

**Model Plans and Programs for the OSHA
Bloodborne Pathogens and
Hazard Communications Standards**
<http://www.osha.gov/Publications/osha3186.html>