



Bloodborne pathogens: Review your hotel's program for compliance

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Protection against bloodborne pathogens was originally fashioned for application in the health care industry. However, it soon became apparent that employees in the hospitality industry were encountering exposures similar to those in health care. Consequently the Hospitality Industry Exposure Control Plan was designed to eliminate or minimize exposure of employees to bloodborne pathogens that may be present in the workplace. Bloodborne pathogens are defined as pathogenic microorganisms that are present in blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), which causes AIDS.

The Exposure Control Program complies with OSHA 29 Code of Federal Regulations, Section 1910.1030. It ensures that employees are effectively informed concerning potential and existing work-place health hazards and the protective measures necessary to reduce exposure. The following elements must be included in the Exposure Control Plan:

1. Exposure Determination.
2. Method of Compliance.
3. Hepatitis B Vaccination and Post Exposure Evaluation.
4. Communication of Hazards to Employees.
5. Information and Training.

This article will focus on the Exposure Determination and Methods of Compliance aspects.

Exposure determination

Management is charged with the responsibility to determine those work assignments where an employee might encounter bloodborne pathogens. An exposure incident may result from non-contact skin, eye, mucous membrane or contact with blood or other potentially infectious material. OSHA establishes potentially infectious materials to include blood and human body fluids that have been determined by the Center for Disease Control to be substances to be handled with "universal precautions."

A nurse or physician on staff would be most unusual; but this may occur in some resort facilities. Where such professionals are available on full-time or part-time staff, they would regularly have exposure to bloodborne pathogens. Other work assignments exposed to such pathogens include:

- Emergency response personnel
- Safety and security personnel
- Lifeguards

Other job classifications that may encounter on-the-job exposure to bloodborne pathogens include:

- Foodservice personnel
- Housekeeping staff
- Laundry personnel
- Engineering/Maintenance personnel

Carefully analyze job functions to predetermine tasks or procedures that could result in exposure to bloodborne pathogens. For example:



- Cleaning cuts and abrasions
- Treating burns
- Administering CPR (this is less of a problem in the new procedure that has eliminated mouth-to-mouth. Those trained under the prior protocol may not know the new method.)
- Laundering linens
- Removing contaminated linens and towels from guestrooms
- Cleaning vomitus from food service areas
- Clearing blocked toilets



Note: All occupational bloodborne pathogen exposure incidents (including needlestick injuries, lacerations, or splashes) must be recorded on OSHA Log No. 300 if the incident results in (1) medical treatment (e.g. immune serum globulin, Hepatitis B vaccine, or other prescribed medical treatment); or (2) diagnosis of possible seroconversion (possible exposure to contaminated blood). In the instance of a seroconversion, only the injury, such as “needlestick” shall be recorded; not the serologic status of the employee. To address confidentiality concerns, OSHA has amended 29 Code of Federal Regulations, Section 1904.7, to require that when a log or supplemental record contains information related to bloodborne pathogens, the employer must ensure that personal identifiers are removed prior to granting access to the record.

Remember: If an employee has an exposure that will require at least an annual check-up, the records must be retained for thirty years; rather than the normal five. This pertains, even though the employee may have left your organization.

Methods of compliance

It is critical engineering and work practice controls be employed to eliminate or minimize employee exposure. The following work practice controls must be adhered to in order to minimize exposure to bloodborne pathogens.

Handwashing: Employees must wash their hands and any other skin surface with soap and water and/or flush mucous membranes with water immediately following contact with blood and other potentially infectious materials. Hands must be washed immediately, or as soon as possible, after removal of gloves or other protective equipment. Washing facilities should be designated for those employees not in close proximity to a wash basin by virtue of work assignment; for example, a room attendant has at least one wash basin readily accessible most of the work day.

Contaminated needles and other contaminated sharps: Contaminated needles shall not be bent, recapped, or removed. The breaking or shearing of a needle is prohibited. All needles and other sharps (such as broken glass contaminated with blood) must be disposed of immediately by being placed in a sharps container that is:

- Closeable
- Puncture resistant
- Leak-proof on sides and bottom
- Fluorescent red-orange in color
- Labeled with a BIOHAZARD symbol

The containers must be located as close as possible to the immediate area where sharps are likely to be found. It is recommended that consideration be given to establishing an “emergency response team” that would be called upon when a room is obviously contaminated with needles, blood and/or body fluids on surfaces and in towels, bedding, etc. OSHA Health Compliance has agreed to this approach and it reduces the cost of personal protective equipment as well as the cost of the Hepatitis B vaccination. Such a team would have the “sharps container” as part of the response equipment. However, it must be remembered the room attendant must be provided with gloves and eye and face protection for use while cleaning the bathroom area. A dust mask should be provided to supplement the eye and face protection when the room attendant is using any powdered cleansers or doing any overhead dusting or cleaning.

Other regulated waste containment: This regulation is related to the health care industry, but has application to the lodging industry in the instance of bedding and towels that are heavily contaminated with blood or body fluids. Typically, these items would be dry by the time staff arrives to clean the room. Of course, an emergency situation in which an individual is bleeding could confront staff with a different problem. In that scenario, it would be necessary to have a container that provides the same protection as the sharps container mentioned above.

Usually, the bedding and/or towels should be placed in a heavy-duty plastic bag (red-orange in color) and marked with the BIOHAZARD symbol. Whether the laundry is done in-house or at a commercial laundry, this sealed bag would provide the conveyance to the laundry and alert staff to the special handling that is necessary.

Laundry: Contaminated laundry should be handled as little as possible. Employees who have contact with contaminated laundry must wear protective gloves, face and eye protection, gown, head cover, shoe cover and a dust mask to protect against particulate of dried blood and body fluids that become airborne when bedding and towels are removed from the BIOHAZARD bag.

A special wash formula, which contains stabilized chlorine, must be used when processing contaminated laundry. If there is a daily volume of contaminated laundry, it may be advisable to dedicate a machine for contaminated laundry only. Otherwise, the contaminated laundry could be in the final run of the day for one of the machines using the special wash formula noted above.

Work practices: The following activities are prohibited in work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens (this applies more in health care than in lodging):

- Eating
- Drinking
- Smoking
- Applying cosmetics or lip balm
- Handling contact lenses

Significantly contaminated items: Again, the material must be placed in a container that provides the following protection:

- Must be leak-proof
- Must be red/orange in color and bear the BIOHAZARD symbol
- Must be capable of complete closure before being shipped

This becomes “medical waste” and should not be disposed of with the hotel’s regular garbage and waste. Since it is unlikely the property will have significant quantities of heavily contaminated items, it may be possible to work out a pick-up arrangement with a local clinic or hospital which serves the property’s staff and guests, as may be required. Otherwise, a local medical or healthcare facility should be contacted for information on a licensed waste removal vendor. Be sure the waste is being moved to a licensed site to avoid future clean-up problems under an EPA initiative.

Personal protective equipment: As previously noted, personal protective equipment must be provided to employees “at risk” of coming into contact with items contaminated with bloodborne pathogens. Such equipment includes:

Gloves. Disposable gloves should be a standard component of emergency response equipment and should be donned by personnel prior to initiating any routine or emergency tasks in which there is the possibility of exposure to blood or other body fluids.

- Disposable (single use) gloves shall be replaced as soon as practical when contaminated, torn, or punctured.
- Disposable (single use) gloves shall not be washed or decontaminated.
- Utility gloves may be decontaminated for re-use if the integrity of the glove has not been compromised. (Gloves may be decontaminated in a solution of 1/4 cup of household bleach to a gallon of water or U.S. EPA chemical germicide that has a label claim of tuberculocidal activity.) If the gloves are cracked, peeling, torn, punctured, etc., they must be discarded.
- While wearing gloves, avoid handling items such as combs or pens that could become soiled or contaminated. Before removing the gloves, wash the gloved hands with soap and water to reduce the transfer of contaminants to the hands as the gloves are removed. Then, thoroughly wash your ungloved hands.
- If an employee is allergic to the gloves that are normally provided, the facility must provide an alternative. This might include hypoallergenic gloves, glove liners, powderless gloves, or simply changing to another brand of gloves.

Masks, Eye Protection, and Face Shields. Depending upon the level of exposure, the following eye, nose, and mouth protective equipment must be used:

- Goggles
- Chin length face shield
- Glasses with solid side shields
- Dust mask to cover mouth and nostrils in a particulate environment

Prescription glasses may be used as protective eyewear as long as they are equipped with solid side shields that are permanently affixed or of the “add-on” type. If the protective eyewear is chosen over the use of a face shield, the eyewear must be worn in combination with a mask to protect the nose and mouth (dust mask).

Overalls, Aprons, or Uniforms. Appropriate protective clothing such as overalls, aprons and uniforms or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Appropriate personal protective equipment is to be accessible and will be issued by the property. Kits should be at designated locations so the employees may readily access them as needed.

- The property shall clean, launder and/or dispose of personal protective equipment in accordance with the Exposure Control Plan and at no cost to the employees.
- The property will repair or replace personal protective equipment as needed and at no cost to the employees.
- If a garment is penetrated by blood or other potentially infectious materials, it shall be removed immediately or as soon as possible.
- All potentially contaminated personal protective equipment shall be removed prior to leaving the work area. When removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.



- All employees who might be exposed must use appropriate protective equipment.

Housekeeping: The following procedures should be followed for housekeeping situations.

- All equipment and working surfaces shall be decontaminated after contact with potentially infectious materials. *Note:* Chemical germicides that are approved for use as “hospital disinfectants” and are tuberculocidal when used at recommended dilutions can be used to decontaminate surfaces where blood or body fluids are present.
- All pails, wastebaskets, or other receptacles where contaminated materials may have been placed should be fully decontaminated.
- Broken glassware which may be contaminated shall not be picked up directly by hand. It must be cleaned up using mechanical means such as brush and dustpan, or tongs.
- Bedding and towels that are contaminated will be carefully removed by an attendant wearing appropriate protective equipment as previously noted. Where a mattress is directly involved, it should be removed and cleaned before returning it to service. A similar procedure will apply to any upholstered pieces in the guestroom or public area of the establishment. ✧

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