



Reply to the attention of:

FEB 23 2011

Mr. Walter Chun
OSHCON, Inc.
1045 Lolena Place.
Honolulu, Hawaii 96817

Dear Mr. Chun:

This is in response to your October 18, 2010, to the Occupational Safety and Health Administration (OSHA) in which you requested an interpretation of the Bloodborne Pathogens Standard, 29 CFR 1910.1030. This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any question not delineated within your original correspondence. Your questions have been paraphrased below followed by our responses. We apologize for the delay in responding to your inquiry.

Question 1: Other potentially infectious materials (OPIM) have been defined by the Bloodborne Pathogens Standard to include various body fluids, such as "...all body fluids in situations where it is difficult or impossible to differentiate between body fluids." 29 CFR 1910.1030(b). Based on this definition, would soiled linen from a nursing home or long-term care facility be treated as OPIM if it consists of urine, or feces or both, **without** the presence of blood?

Response 1: The linen itself is not OPIM. The issue is whether the linen you describe is "contaminated laundry." In paragraph (b) of the standard "*contaminated laundry*" is defined as "...laundry which has been soiled with blood or other potentially infectious materials **or may contain sharps.**" [Emphasis added]. Urine and feces not containing blood are not *per se* OPIM within the meaning of the standard.

Urine and feces are not the only sources of contamination that may be present on linen generated in nursing homes or other long-term care facilities. The potential for a variety of medical conditions that may be present in the patient/resident population in these facilities (e.g., surgical wounds, bed sores, etc.) could also be potential sources of blood contamination of linen. As well, the linen may contain sharps. As such, it is important that employers in healthcare settings, including nursing homes or other long-term care facilities, evaluate the scope of all possible sources of exposure to housekeeping staff who handle laundry.

Question 2: If the handling of urine and feces by the nursing staff and the housekeepers in a long-term care facility or a hospital need not be considered handling OPIM unless blood is present, would the requirement to offer the hepatitis B vaccination apply?

Response 2: The Bloodborne Pathogens Standard requires employers to make the Hepatitis B vaccination available to "...all employees who have occupational exposure..." [29 CFR 1910.1030(f)(1)(i)]. Determining coverage under the Bloodborne Pathogens Standard must be based on **all** tasks and possible sources of exposure for a given job function. Among nursing staff and housekeepers in long-term care facilities and hospitals, a determination of the

employees' potential for occupational exposure to blood or OPIM should in no way be limited to exposure to urine and feces.

Nursing staff and housekeepers in these settings perform various tasks that would be considered potential exposure sources. For example, nursing staff often perform various patient care procedures, such as dressing wounds, which puts them at risk of exposure. Among housekeepers, the cleaning of blood spills, exposure to exudates from wounds, surgical sites and bed sores, and to syringes or other sharps left in linen or in receptacles following in-room medical treatments are among the exposure scenarios that must be considered. As such, the nursing staff and housekeepers in long-term care facilities and hospitals are among those who must be offered the hepatitis B vaccination.

Questions 3 & 4: We note in other interpretations where the discussion of the BBP standard includes laundry a clear distinction between healthcare and non-healthcare settings is made. For example, in the interpretation issued on September 17, 2004, regarding the handling of laundry in a fitness center the response stated, "...Normally laundry in a non-healthcare setting would not be covered by the bloodborne pathogens standard." Should we take it to mean that the laundry discussed in questions 1 and 2 above should be treated as OPIM? Also, would soiled laundry in a patient room in a hospital be considered OPIM?

Responses 3 & 4: As stated in the response to question 1, the standard's definition of contaminated laundry would apply to the laundry generated in healthcare settings such as hospitals and long-term care facilities. Consequently, staff members whose duties expose them to contaminated laundry from healthcare settings are considered to have an increased risk for exposure to blood and OPIM. The Bloodborne Pathogens Standard has special provisions for the handling of contaminated laundry. For example, employers must assure that contaminated laundry is bagged or containerized at the location where it was used, and are prohibited from allowing the sorting and rinsing of contaminated laundry at the point of use. [29 CFR 1910.1030(d)(4)(iv)(A)(1)].

Additionally, the Centers for Disease Control and Prevention (CDC) has issued infection control guidance recommending careful handling of contaminated laundry in healthcare settings as a measure to enhance patient and healthcare worker protection. Please refer to *Guidelines for Environmental Infection Control in Health-Care Facilities*, MMWR 52 (RR10: 1-42; June 6, 2003) for additional information.


The State of Hawaii operates its own occupational safety and health program under a plan approved and monitored by the Federal Occupational Safety and Health Administration (OSHA). The Hawaii Occupational Safety and Health Division (HIOSH), part of the Hawaii Department of Labor and Industrial Relations (DLIR), adopts and enforces standards and investigates safety and health concerns in workplaces in the State.

HIOSH's Bloodborne Pathogens Standard is identical to OSHA's. For more information on the standard and HIOSH's enforcement procedures, we suggest that you contact HIOSH directly at the following address:

Hawaii Department of Labor and Industrial Relations
Hawaii Occupational Safety and Health Division
830 Punchbowl Street #425
Honolulu, HI 96813
PH: 808 586-9100
Fax: 808 586-9104
Website: <http://hawaii.gov/labor/hiosh>

Thank you for your interest in occupational safety and health. We hope you find this information helpful. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at <http://www.osha.gov>. If you have any further questions, please feel free to contact the Office of Health Enforcement at (202) 693-2190.

Sincerely,


for Thomas Galassi, Director
Directorate of Enforcement Programs