Bloodborne Pathogens
Site-Specific Training Checklist

Step 1: Conduct Training and Complete Form

Complete fillable PDF or print and fill out a hard copy. More instructions provided on page 2.

Worker Name: _____ NetID/Email: _____

Supervisor Name: _____ Department: _____

Trainer (if different from supervisor): _____ Training Date: _____

Location: _____ Clinic (if applicable): _____

Subjects Covered

Confirm that each subject below was covered thoroughly during training according to the guide on the following pages.

- ☐ Complete Specific Work Practices
- ☐ Complete Personal Protective Equipment
- ☐ Complete Engineering Controls
- ☐ Complete Biohazardous and/or Pharmaceutical Waste
- ☐ Complete Disinfection
- ☐ Complete Spill Response
- ☐ Complete Exposure Response
- ☐ Complete Manuals

Training Notes

Step 2: Upload Form to Ability LMS

If using hard copy, photograph page 1 of your completed form and save/send to an internet connected device.

1. Name your file using the convention ***sstc-yourNETID-YY***. Limit file name to 18 characters, do not include periods/dots in file name. Example ***sstc-JOESPARTY-22***
2. Upload your file to the **Site-Specific Course** in Ability LMS (https://bit.ly/EHS-0055-WBT).

If you work in multiple locations, upload a form for each location.

Training Guide

In accordance with the requirements of Michigan OSHA's Bloodborne Infectious Diseases standard as well as the MSU Bloodborne Pathogens Exposure Control Plan, supervisors must assure that all personnel with reasonably anticipated risk of exposure to human blood or other potentially infectious materials (OPIM) receive training that is relevant for their specific worksite to reduce their occupational exposure risk most effectively. This training is to be performed on an annual basis and anytime there is a procedure change relevant to the exposure risk. The Bloodborne Pathogens Site-Specific Training Checklist was developed to serve as a means of documenting that this training has occurred as required by the regulations.

AUTHORIZED TRAINER: The supervisor may designate an alternate trainer to conduct the training; however, the supervisor is ultimately responsible for ensuring all workers in the bloodborne pathogens program are trained.

LOCATIONS: Site-specific training is required at each location that the worker is at risk for bloodborne pathogens. Site-specific training is required for all employees, including supervisors, prior to beginning work with human blood or other potentially infectious human materials and annually thereafter – complete the checklist together, then upload the form to Ability LMS.

Specific Work Practices

- Discussion of tasks that may involve handling potentially infectious materials and how to perform such tasks in a manner that reduces risk of exposure.
- Review Task Procedure forms or department procedures.

Examples

Administering a vaccine, blood spill cleanup, administering first aid, phlebotomy, handling or treating waste contaminated with blood/OPIM, contaminated clothing policy, etc.

Personal Protective Equipment

- Types of PPE that are required for specific tasks
- How to use the PPE
- Location and availability of PPE
- Maintenance of reusable PPE including cleaning, storage, and inspection

Examples

Disposable gloves (nitrile, vinyl, etc.)

These provide skin protection against brief exposure to bodily fluids (blood/OPIM). They are not generally recommended for immersion, and they are not puncture-resistant or thermal resistant. Double gloving is recommended if likelihood of contamination is strong.

Splash goggles

The only eye protection rated for splash. If a true splash hazard exists, it is recommended that a shield be used whenever possible.

Face shields

These are rated for face protection and should not be used alone as a form of eye protection. Minimally, safety glasses should be worn under the face shield. Face shields are appropriate if there is a likelihood of generating aerosols and the face must be close to the hazard based on the nature of the task.

Lab coats

Only lab coats made of fluid-resistant material (i.e., Tyvek) are an effective fluid barrier.

Engineering Controls

Items that isolate or eliminate the hazard. They can be pieces of equipment and are only effective as barriers if used properly.

- Explanation of engineering controls that are specific to the work environment
- How does the engineering control isolate the hazard
- How to properly use the engineering control
- How to inspect it to assure that it is in good working order
- Any maintenance required for the device
- Location and operation of eyewash

Examples

Sharps Containers

These are puncture-proof collection containers with a restricted closable opening to reduce the risk of personnel or patients being punctured with a sharp device. Tops must be installed before use. Lids should be closed when the container is not in use. The proper size of container should be selected for the sharps in use. Containers should be stored in an upright position when in use because they are not necessarily leak-proof at the top.

Eyewashes

These devices are used for emergency flushing in the event of an exposure. Therefore, they must be always clean and unobstructed. A log must be kept to document maintenance.

Safer Sharp Devices

Needles, scalpels and other sharp medical devices used in environments where a BBP hazard is present must have a design feature that allows shielding of the sharp end after use but before disposal. Because the operation of these devices varies somewhat from the “traditional” sharps, it is essential that all personnel receive training and practice on devices before they are implemented. The “Sharps Injury Protection Program” section of the MSU Bloodborne Pathogens Exposure Control Plan contains information on product evaluation and annual product review requirements. Supervisors are required to complete a “Safer Sharps Devices Annual Review Form” and ensure that all safety sharps have been evaluated by having employees complete the “Safer Sharps Device Evaluation Form”.

Other examples

Ventilation devices and barrier tape

Biohazardous and/or Pharmaceutical Waste

- Discussion of the biohazardous and pharmaceutical wastes generated in the work area and how those items are to be segregated, stored, and disposed of
- Review of waste pick-up procedures as they apply to the work area (refer to the MSU Waste Disposal Guide and Biohazardous Waste Management Plan). For employees working at off campus facilities, review the facility's medical waste management plan requirements.

Solid Biohazardous Waste

Disposable items other than sharps that are contaminated with blood/OPIM to the degree that this material can drip off or flake off the item. These items must be placed in leakproof receptacles lined with a biohazard bag. These receptacles must be labeled with the biohazard symbol and be covered with a lid when not in use.

Examples: contaminated: gloves, disposable lab coats

Sharps Waste

These are items that are sharp enough to puncture the skin and are biologically contaminated. Additionally, needles, syringes, and IV tubing with needles attached must be disposed of as sharps regardless of their contamination status.

These items must be placed in an appropriately sized sharps container for disposal. Containers must be permanently closed and disposed of within 90 days of first use or when they are ¾ full, whichever comes first. Containers should have a sharps label attached.

Universal Waste Pharmaceuticals

Dispose of in the appropriate pharmaceutical container labeled as:

- Oxidizer Only (Examples: Silver nitrate sticks, Hydrogen peroxide)
- Corrosives Only (Examples: Acetic acid, Trichloroacetic acid)
- All Other Pharmaceuticals (Examples: all drugs and vaccines except DEA-regulated and incompatibles above, full or partial bottles of chemotherapy agents, syringes with material still left in them)

Disinfection

- Types of disinfectant(s) being used.
- When disinfection is required: whenever there is visible contamination, following a spill, at the conclusion of work with blood/OPIM, etc.
- Review proper and effective preparation and use of the disinfectant in your work area. Include PPE needed, expiration date, and contact time.
- Review how to access chemical hazard information as outlined on the Safety Data Sheet (SDS) for the product. Note: The product must be an EPA-registered for the destruction of Hepatitis B virus and HIV.

Spill Response

- Location and contents of Biohazard spill kit
- Review procedure for handling spills of potentially infectious materials
- Disposal procedure of spill waste

- Procedure for restocking the spill kit

Exposure Incident Response

- Definition of a bloodborne pathogens exposure
- Actions to take in the event of an exposure
- Forms required and where/how to access them

A bloodborne pathogens exposure occurs when human blood or other potentially human materials enter the bloodstream through a break in the skin or contact with mucous membranes.

Examples: needlestick, human bite, cut by item contaminated with human blood or other potentially infected material, splash to eyes/nose/mouth by potentially infectious human fluid, etc.

Actions to take after an exposure:

- Wash with soap and water or flush the eyes with water for 15 minutes.
- Inform your supervisor.
- Report to Lansing Urgent Care or if out of the Lansing, Michigan area, to the closest emergency room.
- Bring with you an “Authorization to Bill MSU” form.
- If there is a patient or an identifiable source, the Source Protocol must be followed.
- Complete with your supervisor a “Report of Claimed Occupational Injury or Illness” form.

Manuals

Location of hard copy and/or how to access digitally:

1. Biohazardous Waste Manual (PDF)
2. Exposure Control Plan (PDF)

The MSU Bloodborne Pathogens Exposure Control Plan and Biohazardous Waste Management Plan are available on the EHS website (ehs.msu.edu). A hard copy of the plans may be printed to keep along with site-specific procedures and/or BBP Task Procedure forms. Supervisors must review the plan annually.