Bloodborne Pathogens Toolbox Talk

A ready-to-run 5-minute crew talk · Occupational Exposure to Bloodborne Pathogens · OSHA 29 CFR 1910.1030

SafetyVideos.com
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How to run this talk (5 minutes): Use this before work where someone could contact blood or other potentially infectious materials — first aid, cleanup, custodial, healthcare, or handling sharps. Read each talking point aloud, then ask the discussion questions and let the crew answer. Close with the one rule, point out where your Exposure Control Plan, PPE, and sharps containers are kept, and pass the sign-in sheet on page 2. This is an awareness refresher — it does **not** replace the annual bloodborne pathogens training your employer must provide to employees with occupational exposure.

What Bloodborne Pathogens Are — and Why

- **Bloodborne pathogens are infectious microorganisms in human blood** that can cause disease — most importantly **hepatitis B (HBV), hepatitis C (HCV), and HIV.** You can't tell by looking whether blood is infectious, so treat all human blood and body fluids as if they are.
- **"Other potentially infectious materials" (OPIM)** count too — certain body fluids, unfixed tissue, and any fluid visibly contaminated with blood.
- **Exposure happens** through a needlestick or cut from a contaminated sharp, or when blood/OPIM contacts your eyes, nose, mouth, or broken skin. Intact skin is a good barrier — broken skin is not.
- **This applies if you have "occupational exposure"** — reasonably anticipated skin, eye, mucous-membrane, or needlestick contact with blood or OPIM as part of your job. If that's you, your employer owes you a written plan, training, PPE, and the hepatitis B vaccine at no cost.

Universal Precautions & the Exposure Control Plan

- **Universal precautions:** treat **all** human blood and OPIM as infectious. When you can't tell body fluids apart, treat them all as infectious.
- **Your Exposure Control Plan (ECP)** is the site-specific written document that lists who is at risk, the controls used, and the steps after an exposure. Know where yours is kept — it's reviewed and updated at least annually.
- **Hepatitis B vaccine** is offered **free** to employees with occupational exposure, within 10 days of assignment. You may decline in writing and still change your mind later at no cost.

Controls, PPE & Sharps

- **Engineering & work-practice controls come first:** sharps with engineered injury protection, self-sheathing needles, and sharps disposal containers that are closable, puncture-resistant, leakproof, and labeled. **Never recap, bend, or shear needles by hand;** dispose of sharps immediately in the container.
- **PPE where exposure remains:** gloves, and — when splashes or sprays are possible — eye protection, a mask, and a gown or apron. Employer provides it at no cost and cleans, repairs, or replaces it. Remove PPE before leaving the area and **wash your hands** right after.
- **Handwashing** is your simplest defense — wash with soap and water as soon as feasible after contact; if not available, use the provided antiseptic and wash as soon as you can.
- **No eating, drinking, smoking, applying cosmetics, or handling contact lenses** in areas where exposure is possible.

Spills, Labels & If You're Exposed

- **Clean spills** using the site procedure: wear gloves, use a disposable barrier and mechanical means (tongs, brush & dustpan) for broken glass — **never pick up contaminated sharps by hand** — then disinfect with an appropriate EPA-registered disinfectant.
- **Regulated waste and contaminated laundry** go in **labeled or color-coded** (biohazard) closable, leakproof containers or bags.
- **If you're exposed — a needlestick or blood in your eyes/mouth/broken skin:** wash the area (flush eyes/mucous membranes with water) and **report it immediately.** Your employer must provide a **free, confidential medical evaluation and follow-up** right away, including post-exposure care as recommended.

Discussion — Ask the Crew

1. On *our* jobs, where are you most likely to contact blood or OPIM — and what PPE would you put on first?
2. Where is our Exposure Control Plan, and where are the sharps containers and biohazard bags kept?
3. You get a needlestick from a used sharp. What are the very next things you do?
4. Why do we treat every blood spill as if it's infectious, even when we "know" whose it is?

The one rule to remember today: Treat all blood and body fluids as infectious — use your barriers, never handle sharps by hand, wash up, and **report any exposure right away** for free medical follow-up. When in doubt, glove up and ask.

Toolbox Talk Sign-In Sheet

Attendance record · Bloodborne Pathogens Toolbox Talk · OSHA 29 CFR 1910.1030

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Date _____ Location / Facility _____ Presented by _____

#	Name (print)	Signature	Job title / Department
1			
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By signing above, each attendee acknowledges they participated in this bloodborne pathogens toolbox talk on the date shown. Retain this sheet with your training records. **Note:** attendance at a toolbox talk is not the annual bloodborne pathogens training required by OSHA 29 CFR 1910.1030 — keep it with, not in place of, each worker's formal training records.