

Bloodborne Pathogens and Infectious Materials

ACTSAFE SAFETY BULLETIN #24



During the course of their regular work on motion picture or television productions, workers such as first aid attendants and cleaners could have an occupational exposure to bloodborne pathogens or other potentially infectious materials (OPIMs). Whenever there's a risk of occupational exposure, the employer must ensure that a qualified person assesses the risks. The employer must also develop an exposure control plan (ECP) and ensure that there is training for workers who are identified as being at risk.

This bulletin provides guidelines for working safely in situations where there may be exposures to bloodborne pathogens or OPIMs. This bulletin does not include information on other communicable diseases that are spread through airborne or contact transmission (e.g., COVID-19, tuberculosis, influenza, measles).

HAZARDS

Bloodborne pathogens are disease-causing microorganisms that may be present in human blood and other potentially infectious materials. They include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

OPIMs include saliva, mucous, vomit, stool, and any other body fluid that is contaminated with blood.

An item or surface is considered contaminated if there is the presence or reasonably suspected presence of blood or OPIMs on it. The main hazard is a worker with an injury or open wound with visible blood.

Occupational exposure refers to contact with blood or OPIMs during the course of a worker's regular job duties. Workers at risk include first

responders, first aid attendants, and anyone else whose regular duties may require them to come into contact with blood or OPIMs on location or following an incident. Performers and other workers whose job duties don't require such contact are not considered to be at risk of occupational exposure, although there can be some degree of exposure risk for anyone, depending on the situation.

The risk may be higher in more populated urban locations. For example, workers tasked with cleaning up or tidying locations (e.g., cleaners or PAs) may come into contact with body fluids or drug paraphernalia such as discarded needles or syringes. Performers could have a higher exposure risk when working on downtown streets where there may be body fluids or sharps on the ground.

CONTROL MEASURES (UNIVERSAL PRECAUTIONS)

Follow *universal precautions* to prevent contact with blood or OPIMs. Universal precautions are sometimes referred to as *standard precautions* or *routine precautions*. The idea is to treat all human blood and certain body fluids as if they are infected with bloodborne pathogens and to take precautions when working around them. This includes treating all needles and other sharp implements as if they are contaminated with infectious material.



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Personal protective equipment (PPE)

Use appropriate PPE as required (e.g., gloves and protective eyewear such as safety glasses).

Hand washing

Wash hands to prevent the spread of infections in general. Wash them immediately after potential exposures and after removing PPE. If hand-washing facilities aren't available, use an antiseptic hand cleanser and clean cloth, paper towels, or antiseptic towelettes. Afterwards, wash with soap and running water as soon as possible.

Waste disposal

Safely dispose of all biohazardous waste, including contaminated PPE and sharps. Dispose of sharps in puncture-proof containers. See your employer's ECP for more information.

Vaccinations

Employers must offer vaccinations such as the hepatitis B vaccination to all workers who may be exposed to blood or OPIMs during the course of their regular work duties.

Training

If workers have been determined to be at risk of an occupational exposure to blood or body fluids, the employer must ensure that they are trained to identify potential risks and to deal with the risks safely (e.g., clean-up procedures). Employers must also ensure that workers are familiar with and trained on the production's ECP. This includes making it clear to workers who are not identified as being at risk of an occupational exposure that they should not try to clean up blood, OPIMs, or potentially contaminated items found on location.

EXPOSURE INCIDENTS

An **exposure incident** is when blood or OPIMs from one person come into contact with the eyes, nose, mouth, or non-intact skin of another person. This can include a cut or puncture injury from a sharp object suspected of contamination with blood or body fluids.

Workers who experience an exposure incident such as a needle-stick injury should notify their supervisor

and seek first aid immediately. First aid will focus on irrigation, cleaning, decontamination, and wound care.

Following the exposure incident, the employer must advise the worker to seek medical evaluation beyond first aid as soon as possible. Medical care may include lab tests, vaccinations, or other treatments.



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REGULATORY REFERENCES

- [Section 6.34, Exposure control plan](#)
- [Section 6.40, Medical evaluation](#)

RELATED RESOURCES

- [Bloodborne Diseases](#) (BC Centre for Disease Control)
- [Communicable Disease Control: Blood and Body Fluid Exposure Management](#) (BCCDC)
- [Sample Exposure Control Plan for Biological Agents for Occupational First Aid Attendants \(OFAAs\)](#) (WorkSafeBC)

Actsafes Safety Association

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