Bloodborne Pathogens

General

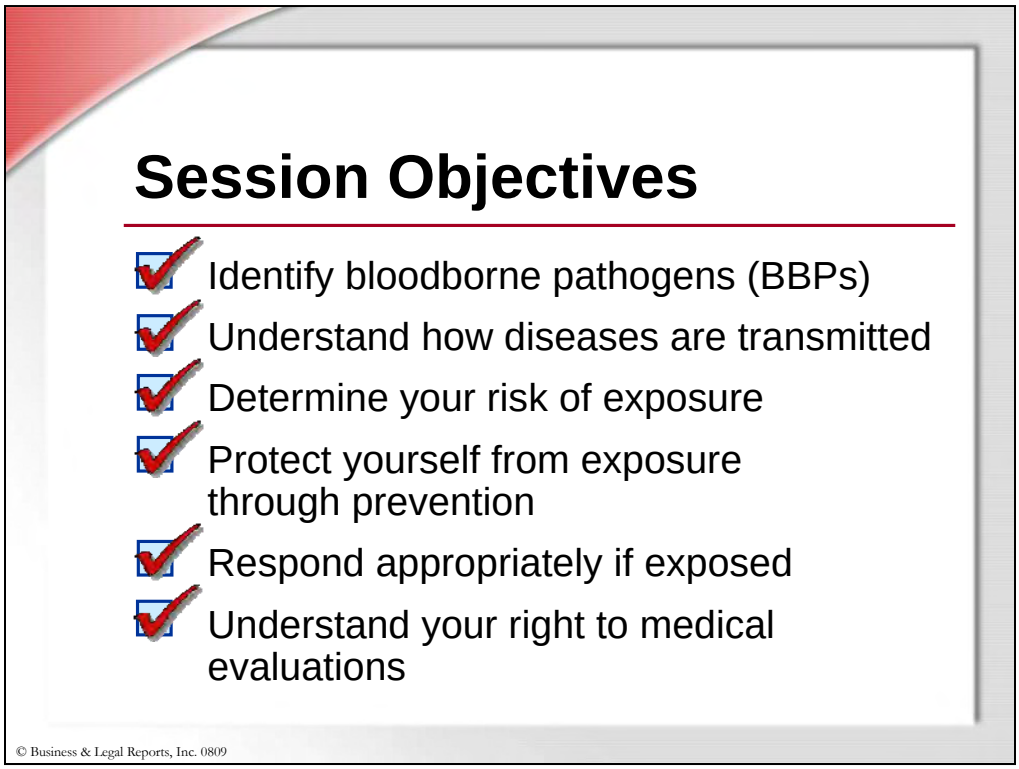


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Slide Show Notes

- Welcome to this training session about bloodborne pathogens. This session is intended for any employee who is likely to be exposed to potentially infectious bodily fluids. These employees include first-aid responders, janitorial staff, maintenance personnel, and personnel assigned to clean up after an industrial accident.
- This session discusses how you might be exposed to bloodborne pathogens and infectious diseases, how you can protect yourself from exposure, and how to clean up bodily fluids.
- Even if your job does not normally expose you to bodily fluids, this session is helpful to raise your awareness of bloodborne pathogens, to recognize that you should not come in contact with them, and to understand that it is important to report a spill of blood or bodily fluids so that they can be cleaned up safely.

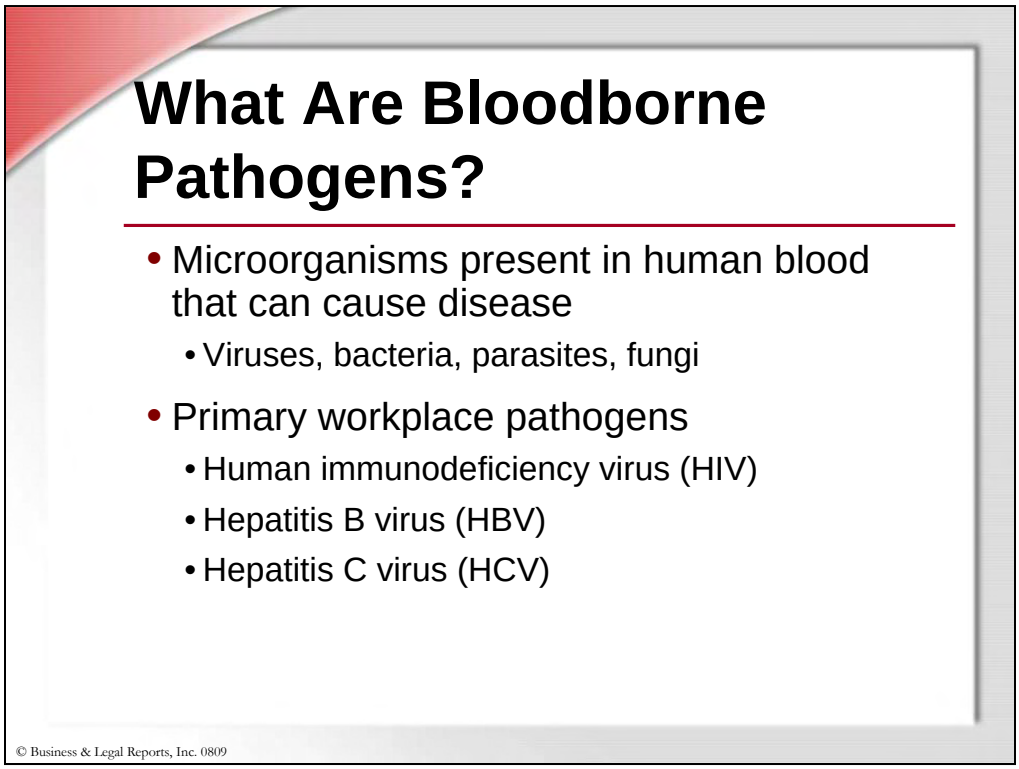
This session may be presented as part of the hazard communication training program.



Slide Show Notes

The objectives of the session are to train you to:

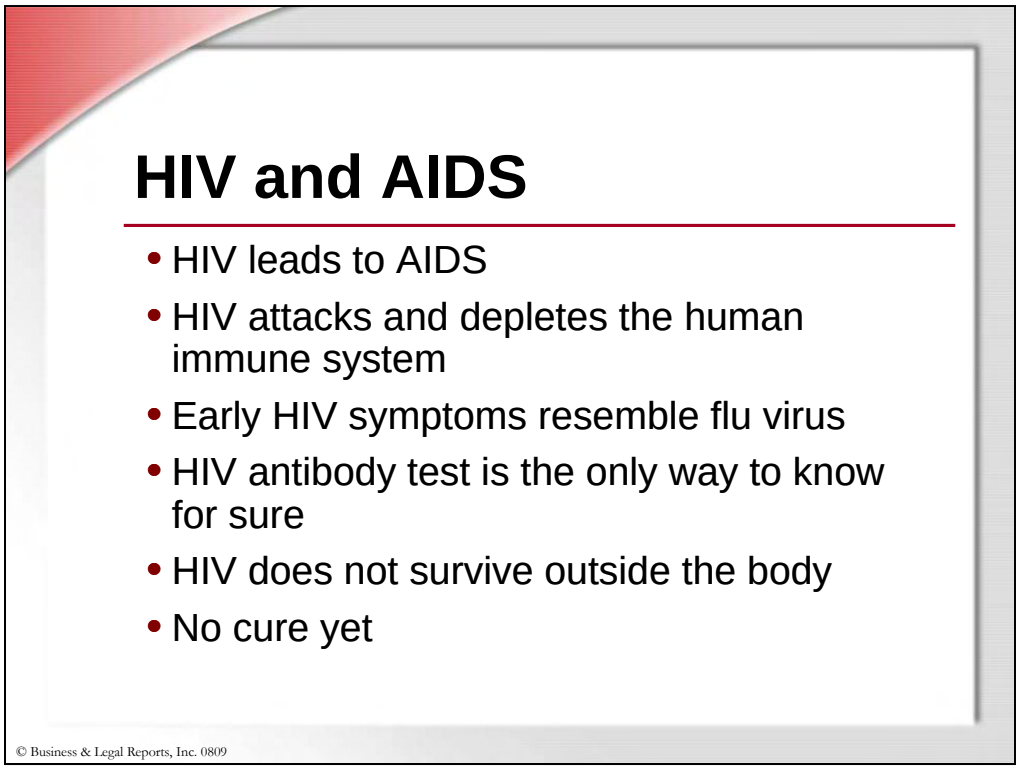
- Identify bloodborne pathogens, or BBPs, that might be present in the workplace;
- Understand how certain diseases are transmitted through blood;
- Determine your risk of exposure to bloodborne pathogens in the workplace;
- Protect yourself from exposure through prevention and by following certain procedures if you are exposed;
- Respond appropriately if you are exposed to bloodborne pathogens; *and*
- Understand your right to medical evaluations.



Slide Show Notes

What are bloodborne pathogens?

- Bloodborne pathogens are defined by OSHA as microorganisms present in human blood that can cause disease. These microorganisms include:
  - Viruses such as hepatitis and flu; bacteria such as tuberculosis and gonorrhea; parasites such as malaria and trichinosis; and certain fungi.
- The three primary pathogens found in the workplace are:
  - Human Immunodeficiency Virus, or HIV, which causes Acquired Immunodeficiency Syndrome, or AIDS;
  - The hepatitis B, or HBV, virus; *and*
  - The hepatitis C, or HCV, virus.



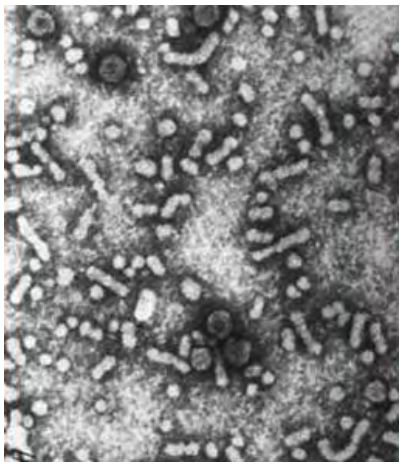
Slide Show Notes

What are HIV and AIDS? Here are the basic facts you should know:

- HIV is the virus that leads to AIDS. A person can carry HIV for many years and not have symptoms until it turns into full-blown AIDS.
- HIV attacks and depletes the human immune system, which makes it difficult to fight off common diseases.
- Early HIV symptoms resemble the flu virus, such as fever, weakness, chills, and swollen lymph nodes.
- An HIV antibody test is the only way to know for sure if you have HIV.
- HIV does not survive outside the body. When HIV-infected human blood or other bodily fluid is dried, the risk of transmission is virtually zero.
- Finally, there is no cure yet for HIV or AIDS.

Hepatitis B Virus (HBV)

- 1 million people infected
- Symptoms
  - Jaundice, fatigue, and abdominal pain
  - No appetite, nausea, and vomiting
- Vaccine is available
- HBV can survive outside the body

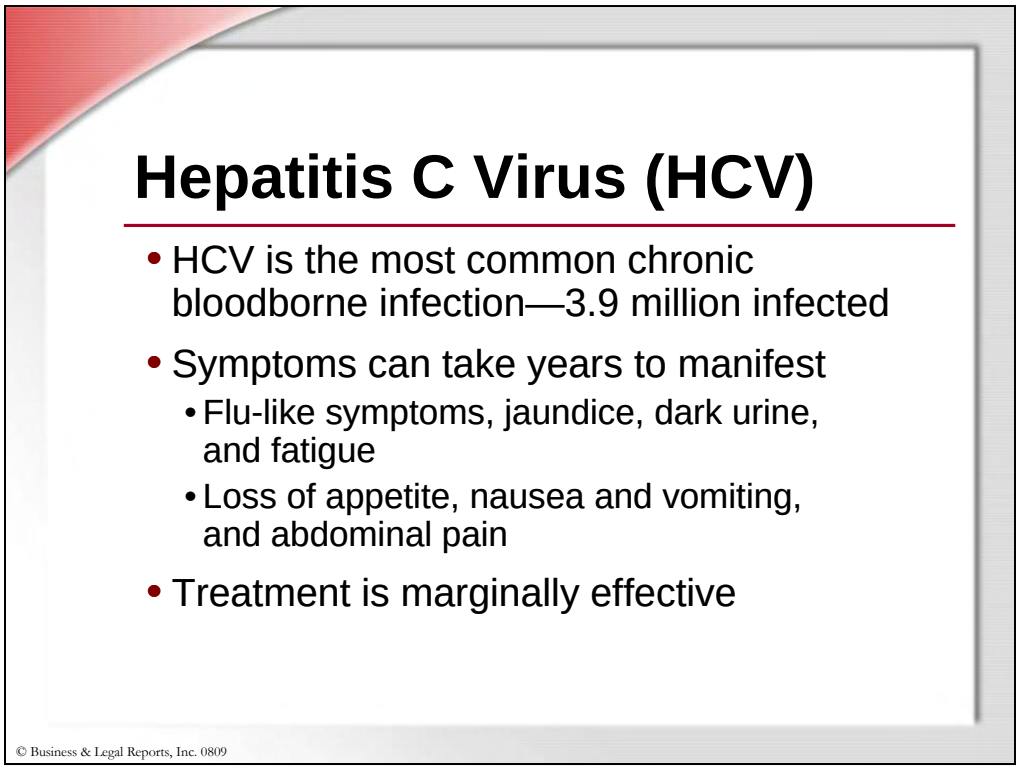


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Slide Show Notes

Key information about the hepatitis B, or HBV, virus includes:

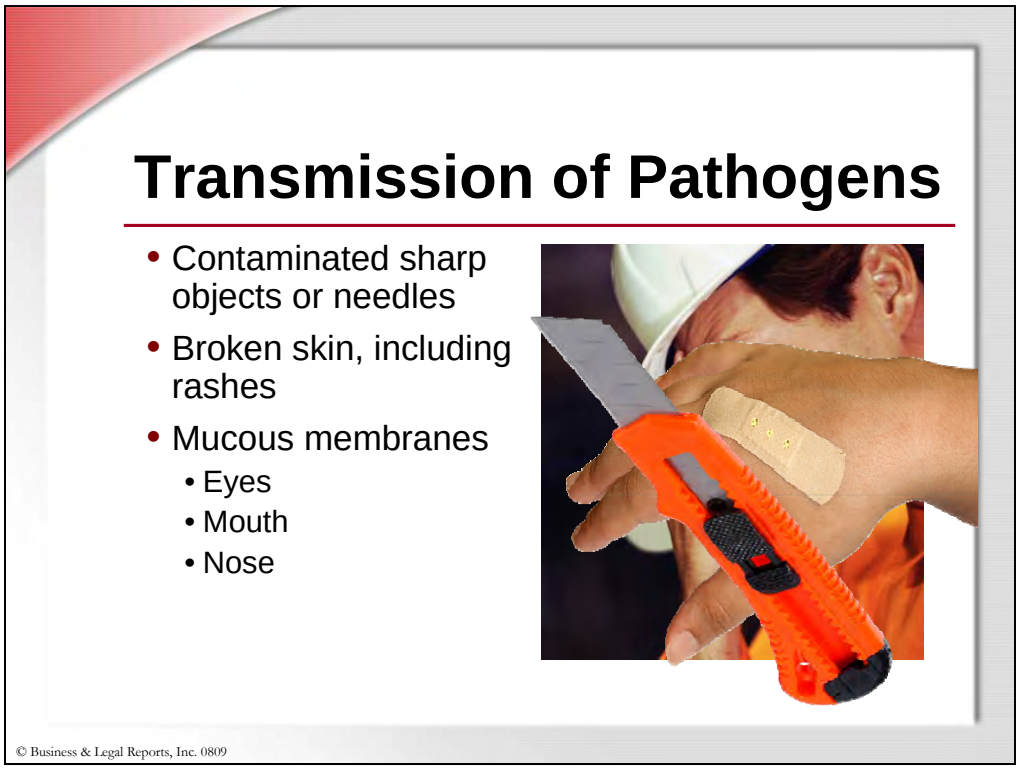
- More than 1 million people nationwide are infected with hepatitis B. The virus can lead to chronic liver disease, liver cancer, and death. There are up to 100,000 new infections each year in the United States.
- Symptoms of hepatitis B include:
  - Jaundice, fatigue, and abdominal pain; *and*
  - Loss of appetite, intermittent nausea and vomiting.
- A vaccine against hepatitis B has been available since 1982.
- Hepatitis B can survive outside the body for at least 1 week in dried blood on surfaces such as a work table, a knife, tools, broken glass, and sharp metal. This is why it's important to properly clean and disinfect contaminated work surfaces and tools.



Slide Show Notes

And here is some important information about the hepatitis C, or HCV, virus:

- HCV is the most common chronic bloodborne infection, with about 3.9 million Americans infected. Like hepatitis B, hepatitis C can lead to chronic liver disease, liver cancer, and death.
- Symptoms can take years to manifest, so persons who are chronically infected may not be aware of it. Chronic liver disease appears in about 70 percent of those who are infected. Symptoms of hepatitis C include:
  - Flu-like symptoms, jaundice, dark urine, and fatigue; *and*
  - Loss of appetite, nausea and vomiting, and abdominal pain.
- So far, treatment of hepatitis C is only marginally effective. There are drugs to treat it, but only 10 percent to 40 percent of patients respond to the drugs.



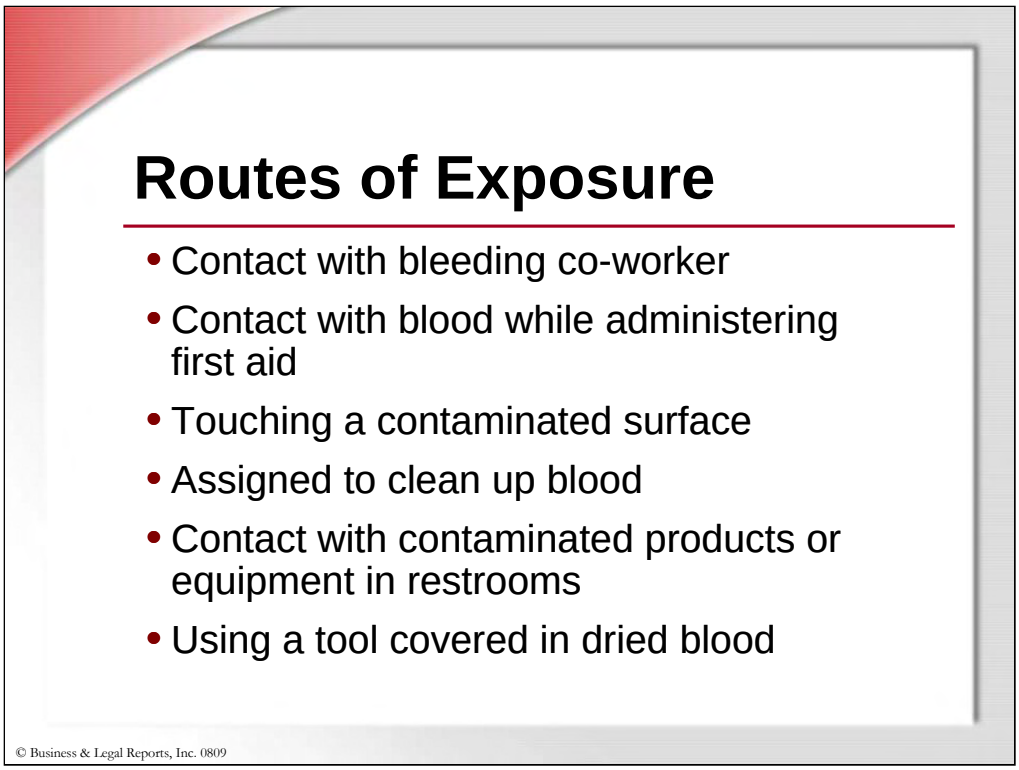
Slide Show Notes

Transmission of pathogens in the work environment is most likely to occur in the following ways:

- First, transmission by contaminated sharp objects or needles is the most common way if you are cut with a sharp object that is contaminated with infected blood or bodily fluids. Essentially, the contaminated blood or bodily fluid is being injected into your bloodstream through the cut. Examples of sharp objects in a manufacturing environment that could be contaminated include broken glass, a utility knife blade, or the edge of a sheet of metal.
- Broken skin, including rashes or abrasions, can also be a point of transmission if an infected object makes contact with it.
- Finally, the mucous membranes of your eyes, mouth, and nose may be points of transmission for infection. This way is unlikely but possible.

Remember, the contaminated blood or bodily fluid must make direct contact with your blood in order for transmission to occur.

Modify the slide to accurately reflect the potential transmission points at your facility. These potential exposures should be the same as listed in your written Bloodborne Pathogens Exposure Control Plan (ECP).



Slide Show Notes

"Routes of exposure" means the different ways you might be exposed to bloodborne pathogens in the workplace. Which of the following do you think are routes of exposure that you need to beware of?

- Contact with a co-worker who suffers a bleeding injury, such as a cut, abrasion, or amputation. *Yes*, nearby workers could be exposed by contacting the blood at the time of the injury.
- Contact with blood while administering first aid, such as when applying pressure to a wound or wrapping an injury. *Yes*.
- Touching a contaminated surface, such as a table, tool, or control panel, that has been contacted with infected blood. *Yes*.
- Being assigned to clean up blood or bodily fluids after an injury. *Yes*.
- Contact with contaminated products or equipment in restrooms. *Yes*.
- Using a tool covered in dried blood. *Yes*.

Modify the slide to reflect any potential exposure to bodily fluids at your facility. These potential exposures should be the same as those listed in the ECP. Show trainees a copy of your ECP.

Who Has the Biggest Risk?

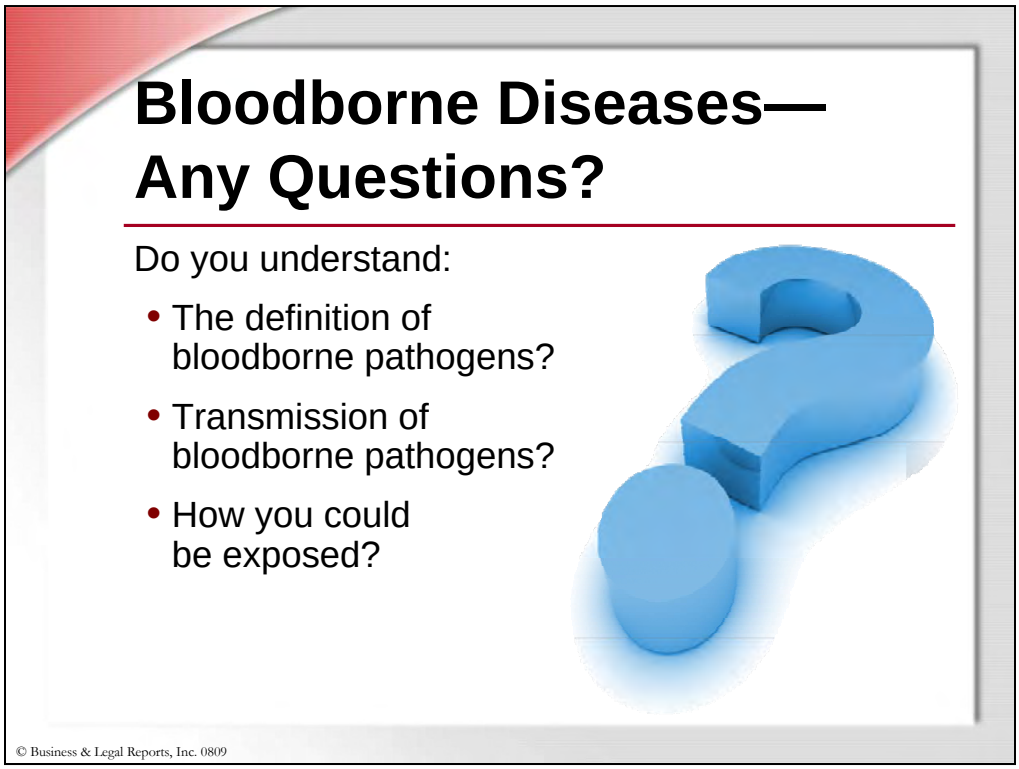
Risk	Occupation
HIGH	Pathologists, biochemistry and hematology laboratory personnel, dialysis staff
MODERATE	Hospital Nurses, laboratory personnel other than those in high risk group, those who work with the developmentally handicapped, dentists
LOW	Hospital administrative staff, medical and dental students, healthy adults

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Slide Show Notes

There are certain occupations that have a higher risk of acquiring a bloodborne disease due to the way bloodborne pathogens are transmitted.

- Those with the highest risk of exposure include pathologists, biochemistry and hematology laboratory personnel, and dialysis staff.
- Those with a moderate risk of acquiring a bloodborne disease include hospital nurses, laboratory personnel, other than those in the high risk group, those who work with the developmentally handicapped, and dentists.
- And, those with the lowest risk include hospital administrative staff, medical and dental students, and healthy adults.



Slide Show Notes

Do you understand bloodborne diseases?

- The definition of bloodborne pathogens?
- How bloodborne pathogens are transmitted?
- How you could be exposed to bloodborne pathogens?

Now it is time to ask yourself if you understand the material presented so far.

It is important for your safety that you know what bloodborne pathogens are, how they can be transmitted, and how you can be exposed.

Bloodborne Pathogens Law

29 CFR 1910.1030 requires:

- A written Exposure Control Plan (ECP)
- Engineering and work practice controls
- Personal protective equipment (PPE)
- Training



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Slide Show Notes

Now we'll discuss aspects of the law as it relates to bloodborne pathogens.

The federal Bloodborne Pathogens Rule is found in the Code of Federal Regulations at Title 29, Section 1910.1030, and is enforced by the Occupational Safety and Health Administration, or OSHA. This rule requires employers with workers who might be exposed to bloodborne pathogens in the workplace to provide:

- A written Exposure Control Plan, or ECP;
- Engineering and work practice controls to prevent exposure to infectious materials, such as avoiding sharps;
- Personal Protective Equipment, or PPE; *and*
- Training in how to protect yourself against exposure to bloodborne pathogens.

Bloodborne Pathogens Law (cont.)

- Medical surveillance
- Free hepatitis B vaccination
- Signs and labels
- Other equipment and procedures

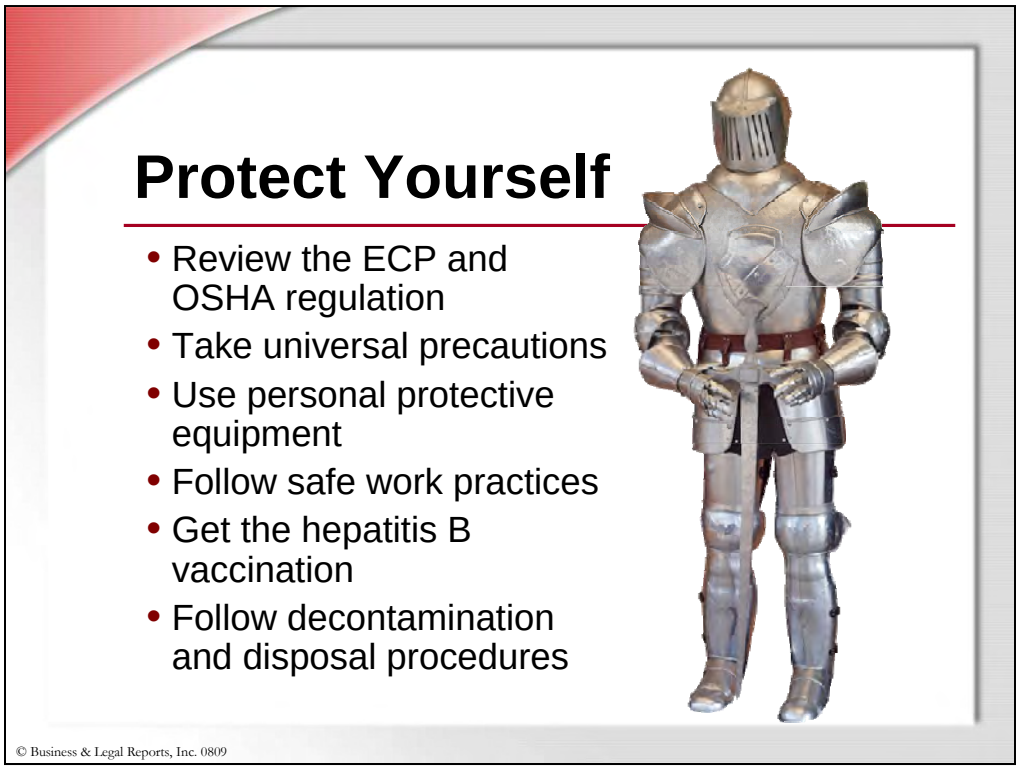


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The rule also requires employers to provide:

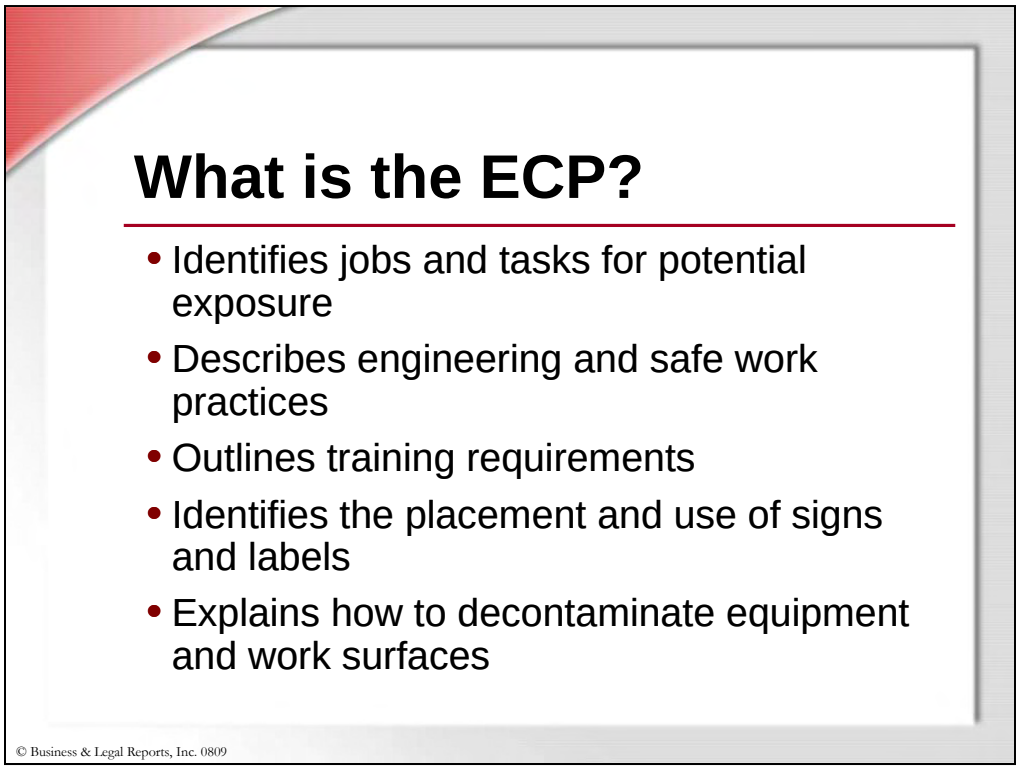
- Medical surveillance, such as tuberculosis screening and immunization reviews;
- Free hepatitis B vaccination;
- Signs and labels that warn you about the potential for exposure; *and*
- Other equipment, such as personal protective equipment, and procedures, such as universal precautions, to minimize the risk of disease transmission.



Slide Show Notes

Here are the basic ways to protect yourself against transmission of bloodborne pathogens; we will be discussing these in more detail as this session continues.

- First, review our workplace's Exposure Control Plan and the OSHA rule on bloodborne pathogens. If you have an opportunity to give input to the ECP—do it!
- Always use universal precautions. We will be describing these later.
- Use personal protective equipment, such as goggles and gloves. Always cover open wounds with a bandage.
- Follow safe work practices.
- Get the hepatitis B vaccination.
- Finally, follow decontamination and disposal procedures for material that may be infected with bloodborne pathogens.



Slide Show Notes

What is the ECP, or Exposure Control Plan?

- It identifies the jobs and tasks for which there may be the potential for exposure to infectious material;
- It describes engineering and work practice controls, including the PPE you should use. Specifically, it describes safe work practices for first-aid providers and personnel assigned to clean up after an injury, and describes the types of PPE they should wear to protect themselves;
- It outlines the training requirements for employees, as well as information on medical surveillance and hepatitis B vaccinations;
- It identifies the placement and use of signs and labels that warn other employees not to touch containers that hold potentially infectious materials; and
- It explains how to decontaminate equipment and work surfaces to eliminate infectious organisms.

Display a copy of your workplace's written Bloodborne Pathogens Exposure Control Plan (ECP). Tell trainees that the ECP is available at all times, and tell them where it is located. Modify this slide or add a slide that describes specific elements of the ECP that apply to your workplace.

ECP (cont.)

- Describes how biohazard waste is handled
- Explains the recordkeeping requirements
- Changes as practices and technology change



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Slide Show Notes

The ECP also:

- Describes how biohazard waste is handled to prevent others from coming in contact with it. This waste includes contaminated rags, PPE, broken glass, and other material that could transmit an infectious disease.
- Finally, the ECP explains the recordkeeping requirements of the Bloodborne Pathogens Rule.
- Remember that the ECP is open to change as practices and technologies change. Be sure to give input, if necessary, and review our ECP often.

Take Universal Precautions

- Treat all blood and bodily fluids as if infected
- Use barrier protection to avoid contact with infected bodily fluids
- Immediately clean up and decontaminate surfaces and equipment



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Slide Show Notes

Take Universal Precautions—this is the number one rule for preventing exposure to bloodborne pathogens. Taking universal precautions means:

- Treating all blood and bodily fluids as if they are infectious for HIV, hepatitis, and other bloodborne pathogens.
- Using barrier protection—gloves, masks, aprons, protective eyewear—to avoid contact with bodily fluids. Avoiding direct contact means there is no exposure.
- Finally, immediately cleaning up and decontaminating surfaces and equipment that have contacted blood or bodily fluids. Decontaminate yourself, as well, by washing your hands after handling any type of bodily fluid, even if you have worn gloves. Immediately dispose of contaminated items and materials used to disinfect contaminated items.

Discuss any additional universal precautions that your company has implemented.



Slide Show Notes

Use personal protective equipment to prevent exposure to bloodborne pathogens.

- Barrier protection is a vital part of preventing exposure. Remember, the concept of universal precautions includes avoiding contact with all potentially contaminated blood or bodily fluids.
- Use gloves, made of latex or nitrile, for applying bandages, cleaning up, and decontaminating. You should wear gloves in any situation that involves potential contact with blood or bodily fluids.
- Eyewear such as goggles, or even a face shield, is needed to protect against splashes of blood that might be absorbed through your mucous membranes.
- Protective clothing or aprons protect skin and clothing against spurting blood. Many "bodily fluid disposal kits" contain disposable aprons and shoe covers. Most clothing can be decontaminated by washing, but it can be difficult to remove blood from shoes.

Bring your workplace's "Bodily Fluid Disposal Kit" that is probably located in a first-aid kit. Take out the different types of PPE and show them to the employees.

Bring examples of PPE specific to your workplace, and ask for volunteers to demonstrate how to put on, use, take off, and properly dispose of PPE.

PPE (cont.)

- Use a dust mask for nose and mouth protection
- Use a CPR mask to protect against vomit during CPR
- Be prepared to use impromptu barriers such as a garbage bag, plastic, paper, or your shirt

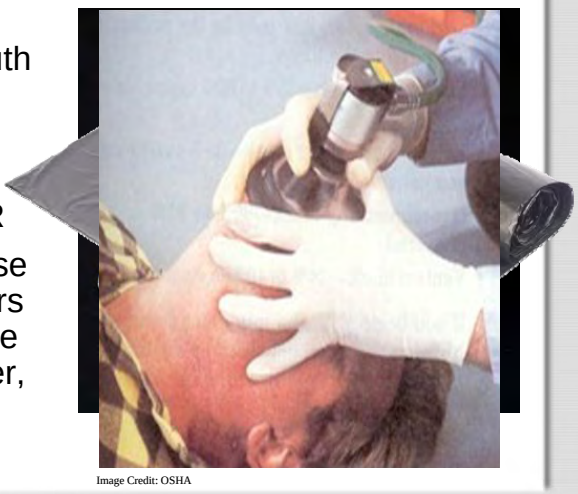


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Slide Show Notes

Other forms of PPE that might be necessary include:

- A dust mask for protection of your mouth and nose. This also helps protect your mucous membranes from contact with infected blood and bodily fluids.
- A CPR mask will protect you if the patient vomits during CPR.
- You may need to use impromptu barriers such as a garbage bag, plastic, paper, or even your shirt. This could be true if you are responding quickly to an emergency and do not have time or access to proper PPE. The idea is to try to use something as a barrier between your skin and the victim's blood or bodily fluid.

Avoid Puncture Wounds

- Use tongs, forceps, or similar tools to pick up potentially contaminated items

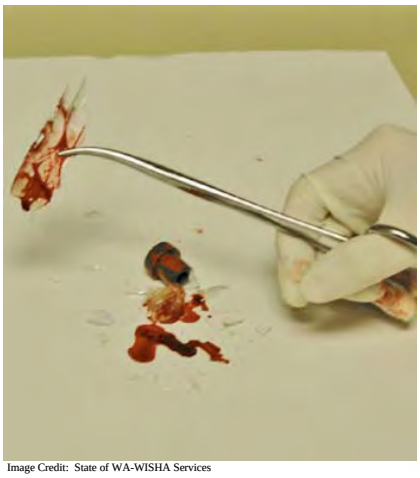


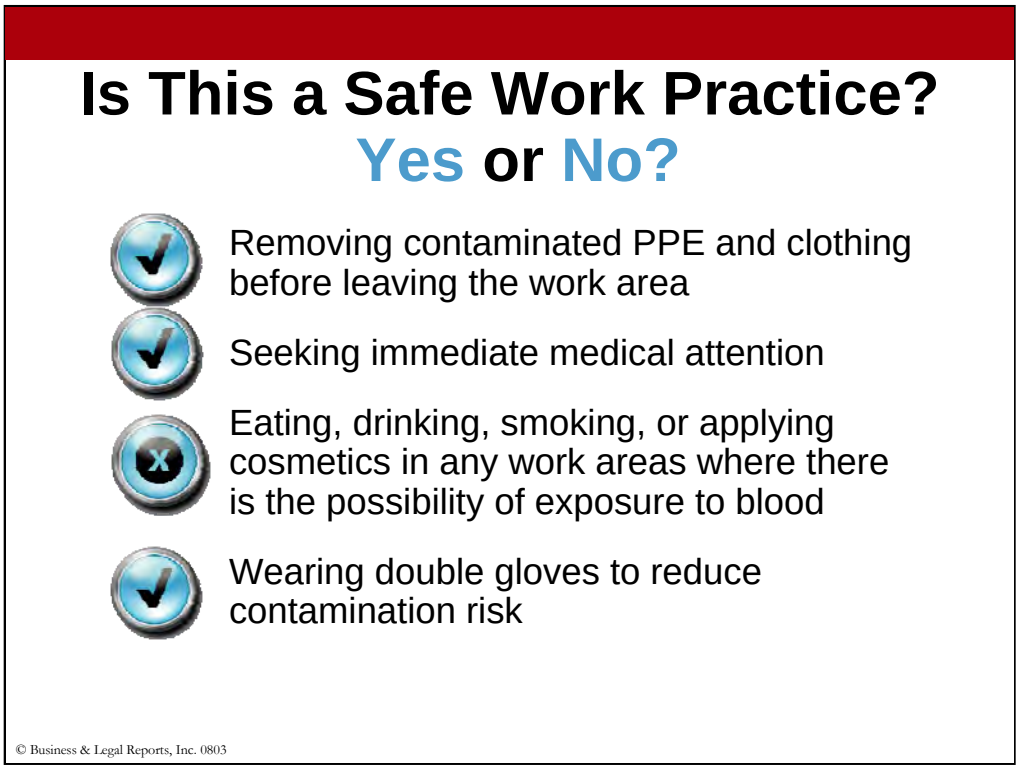
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Slide Show Notes

Avoid puncture wounds, which can be caused by sharp objects such as broken glass, sheared metal, or even hard plastic.

- Use tongs, forceps, or similar tools to pick up potentially contaminated items, especially sharp objects. Also, use tongs or a similar tool to sort through materials that might be mixed with sharp objects that you cannot see, such as a pile of rags or other debris.



Slide Show Notes

Here are some common work practices. Decide if you think these are safe work practices when dealing with potentially infected blood and other bodily fluids.

- Should you—remove contaminated PPE and clothing as soon as possible, and always before leaving the work area, and wash your skin under where the clothing was contaminated? Yes, this is a safe practice.
- Should you—seek immediate medical attention after possible exposure to have a healthcare professional determine if follow-up is required? Yes, this is also a safe work practice.
- Should you—eat, drink, smoke cigarettes, apply cosmetics, or handle contact lenses in any work area where there is the possibility of exposure to infected blood or bodily fluids? No, this is not safe.
- Should you—consider double-gloving so that you can remove the outer glove if you have to and still have a barrier? Yes, this is a good idea.

Review any special practices adopted by your facility and described in the ECP. Tell trainees whom to contact if they are not sure what to do.

Is This a Safe Work Practice? Yes or No? (cont.)



Disposing of contaminated items properly



Storing food in any work area where blood or bodily fluids may be present



Disinfecting contaminated equipment and work surfaces



Washing up immediately after exposure

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Slide Show Notes

- Should you—dispose of contaminated items properly if they cannot be decontaminated? Yes, this is a safe work practice.
- Should you—place or store food or drink on bathroom shelves, cabinets, countertops, or work surfaces in any work areas where blood or bodily fluids might be found? No, never store food or drink near blood or bodily fluids.
- Should you—disinfect equipment, tools, and work surfaces that may have been contaminated with blood or bodily fluids? Yes, this is a safe work practice.
- Should you—wash up immediately after you may have come in contact with blood or bodily fluids? Yes, this is also a safe work practice.

ECP, Precautions and Safe Practices—Any Questions?

- ECP?
- Universal precautions or PPE?
- Safe work practices?



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Slide Show Notes

- Are there any questions about the Exposure Control Plan?
- Are there any questions about universal precautions or PPE?
- Are there any questions about safe work practices?



Slide Show Notes

Decontamination of tools, equipment, and work surfaces is an important way to prevent exposure to infectious diseases. General procedures for decontamination include:

- Wear appropriate gloves and eye protection to protect your eyes, nose, mouth, and skin. Remember to take universal precautions, and assume that the bodily fluids that need to be cleaned up are infected.
- Use a bodily fluid disposal kit, which contains cleanup materials such as absorbent powder, a disinfectant, a disposal bag, and PPE such as gloves, eye protection, an apron, and possibly shoe covers. The absorbent powder can be sprinkled on bodily fluids, scooped up, and placed in the disposal bag.
- Use a 10 percent bleach solution or an EPA-approved disinfectant when wiping down potentially contaminated surfaces to ensure that all bloodborne pathogens are killed.
- Immediately dispose of all contaminated materials that you have used for cleanup in the disposal bag.

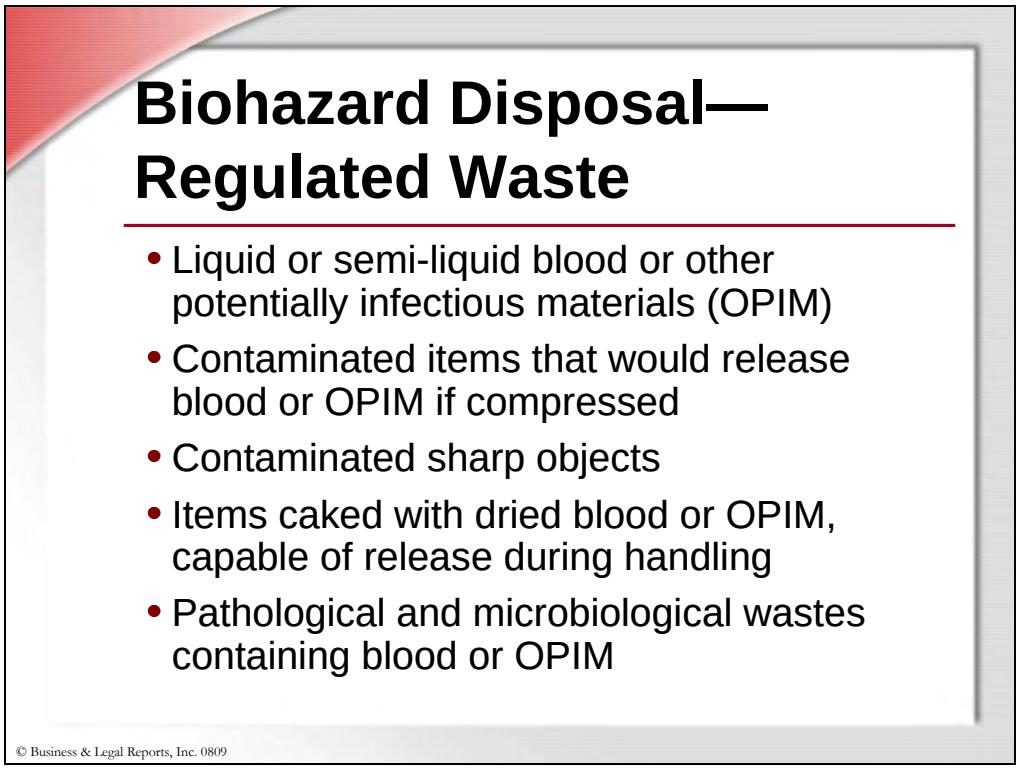
Show trainees the bodily fluid disposal kit.



Slide Show Notes

For decontamination involving sharp objects:

- Remove glass and other sharp materials using a brush and dustpan, or tongs;
- Do not use your hands to pick up sharp objects;
- Use paper or other absorbent towels to soak up the residual liquids; *and*
- Disinfect all surfaces after contaminated items and fluids are removed, and allow time for the surfaces to dry completely before using them again. Allow at least 10 minutes for air drying, unless there are other written instructions.



Slide Show Notes

Biohazard disposal has different rules, depending on whether you are disposing of regulated or unregulated waste. Disposal of regulated waste requires special containers, biohazard labels, and disposal methods. *Regulated* waste includes:

- Liquid or semi-liquid blood or other potentially infectious materials, or OPIM, such as bodily fluids.
- Contaminated items, such as a towel or sponge, that would release blood or OPIM if compressed.
- Contaminated sharp objects. These should be placed in a puncture-resistant biohazardous waste container.
- Items caked with dried blood or OPIM that could release these materials during handling.
- And, pathological and microbiological wastes containing blood or OPIM.

Add a slide that describes your workplace's procedures for disposing of regulated waste, if applicable.

Label All Regulated Waste Containers

- Labels communicate a hazard
- Place regulated waste in containers that have the universal biohazard symbol
- The term “Biohazard” must be on the label



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Slide Show Notes

Label all regulated waste containers.

- Labels communicate the hazard to persons who will handle the containers.
- Place regulated waste in containers that have the universal biohazard symbol on them, as shown on this slide.
- The term “Biohazard” must also be written on the label. Labels with the symbol and the word “Biohazard” meet EPA requirements for labeling regulated medical waste.

Bring samples of your workplace’s infectious waste containers and labels, if any.

Biohazard Disposal—Unregulated Waste

- Blood or OPIM absorbed without the release of liquid when compressed
- Adhesive bandages or tissues
- Gauze, paper towels, and disposable PPE
- Absorb all liquid
- Double-bag waste



Image Credit: OSHA

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Slide Show Notes

Disposal of unregulated biohazard waste has fewer restrictions than regulated waste. Here are some guidelines for identifying and disposing of unregulated waste:

- Blood or OPIM that is absorbed without the release of liquid when compressed is unregulated waste.
- Generally, adhesive bandages (Band-Aids™) or paper tissues that we would typically throw in the wastebasket are not regulated wastes.
- Gauze, paper towels, and disposable PPE might result from the cleanup of a small injury, such as a cut. If the blood or fluids are completely absorbed, this is not regulated waste.
- To prevent creating regulated waste, absorb all liquids so that no liquids will be released if the absorbent materials are compressed. Absorbent powder works well because it turns the fluid into a gel-like substance.
- Double-bag the waste. Place the contaminated materials into a plastic bag and tie it shut. Then, place the first bag into a second bag, which also should be tied shut and then disposed of.

Read the disposal method in your ECP. Make sure the trainees know whom to contact in case regulated waste is generated.

Unregulated Waste Labeling

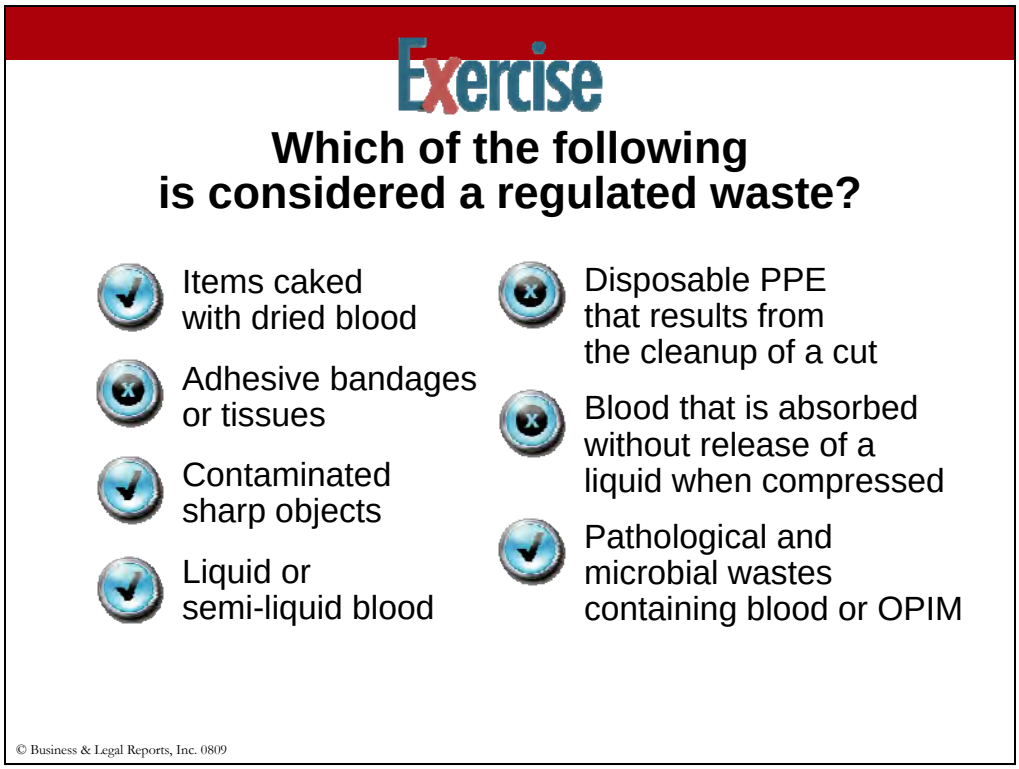
- Labels not typically required but a good idea



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Slide Show Notes

- For unregulated waste, labeling is not required. If liquids are absorbed so that they are not released when compressed, bags containing gauze, adhesive bandages, paper towels, PPE, and the like can be disposed of. However, it is always a good idea to label the bag if you can.



Slide Show Notes

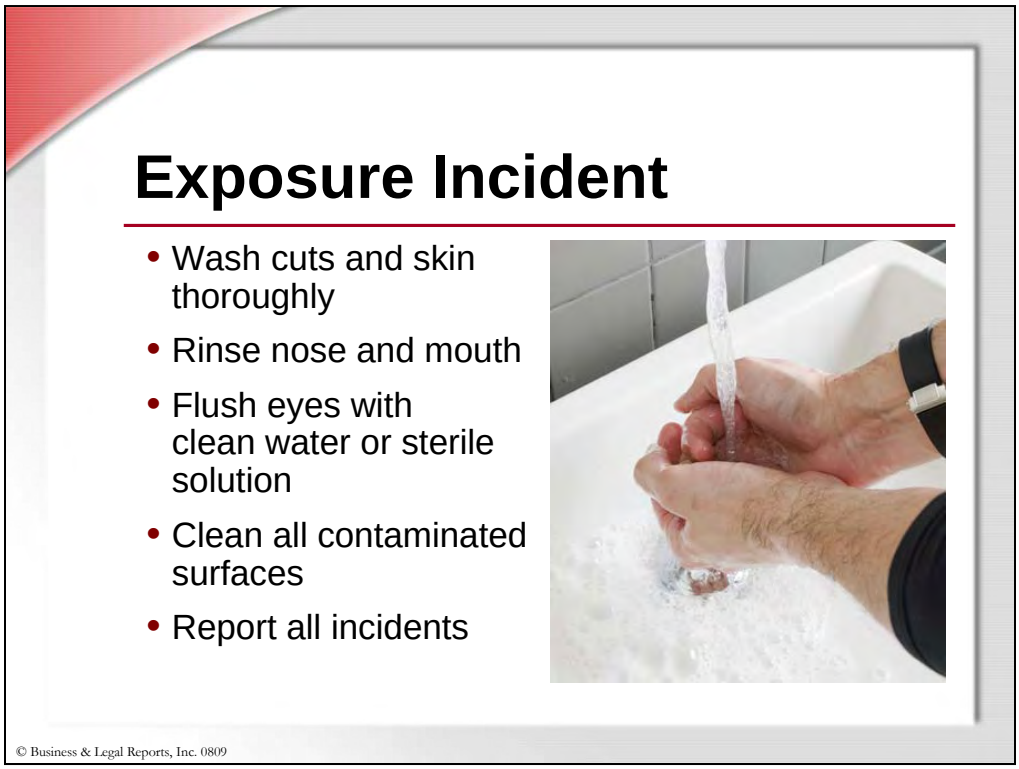
Now it is time for an exercise. Which of the following do you think are considered regulated waste versus nonregulated waste?

Here are the correct answers.

- Items caked with dried blood,
- Contaminated sharp objects,
- Liquid or semi-liquid blood, *and*
- Pathological and microbial wastes containing blood or OPIM are all considered regulated wastes.

Disposable PPE that results from the cleanup of a cut, blood that is absorbed without the release of liquid when compressed, and adhesive bandages or tissues are considered nonregulated waste.

Did you get them all correct? If not, be sure to review this information again.



Slide Show Notes

An "exposure incident" is a specific incident of contact with potentially infectious blood or OPIM. If you think you have been exposed, observe the following procedures:

- First, wash any cuts and skin thoroughly with soap and water. If there was no infiltration of blood or OPIM into mucous membranes or open skin surfaces, it is not considered an occupational exposure.
- Rinse your nose and mouth to remove any potential splashes of blood or OPIM.
- Flush eyes with clean water or sterile solution if you were not wearing goggles or safety glasses.
- Clean and decontaminate all infected surfaces.
- Finally, report all incidents involving blood or other bodily fluids so that the company can determine if exposure occurred to any employee and offer post-exposure medical evaluations if necessary. After each incident, an incident investigation report should be completed. The report should include whether blood was spilled, documentation of the spill locations, who cleaned it up, and the cleanup and waste disposal methods.

Explain any special workplace-specific procedures to follow if an exposure incident occurs, including the method of reporting the incident.

Post-Exposure Evaluation

- Confidential medical evaluation
- Document route of exposure
- Identify source individual
- Test source person's blood
- Provide results to source and exposed employees



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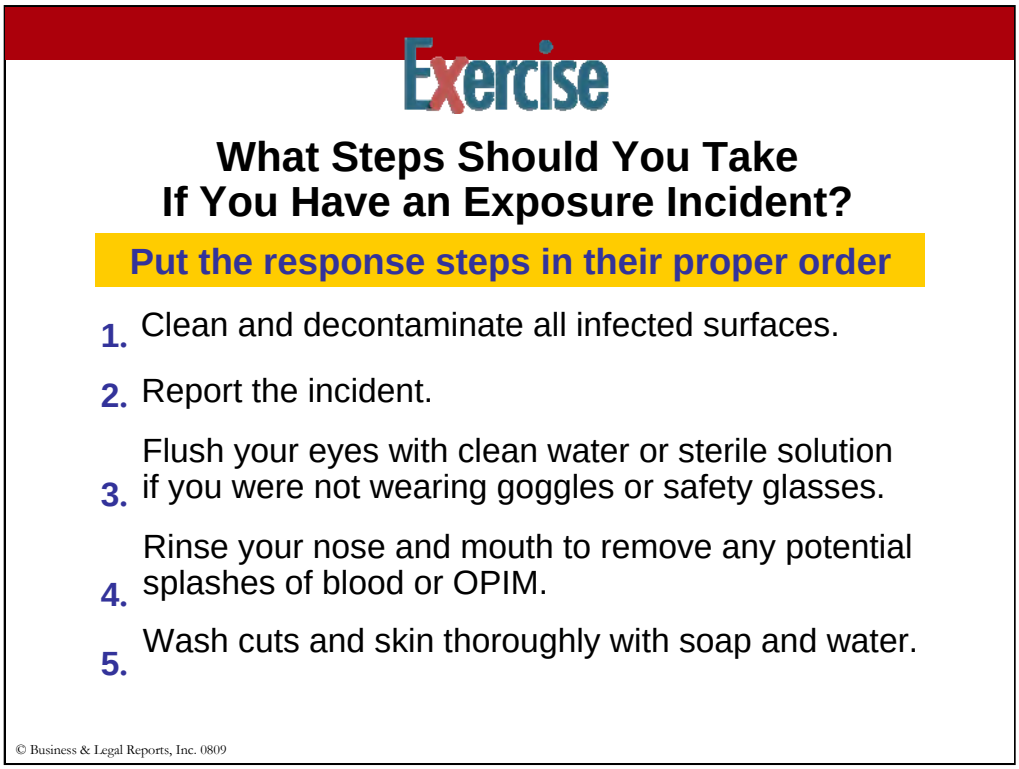
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Slide Show Notes

The post-exposure medical evaluation is intended to help determine if you were exposed to infected blood or bodily fluids.

- It is a completely confidential evaluation both for the exposed person and for the source person. Not even the company will know the results of the testing.
- The evaluation will document the route of exposure.
- It will also identify the source individual.
- The evaluation will include testing the source person's blood, if he or she gives consent.
- The results will be provided by medical personnel to both the source individual and the exposed employee.

Discuss any post-exposure evaluation and follow-up procedures adopted by your workplace that are not covered in this slide. Modify this slide to incorporate workplace-specific evaluation procedures.

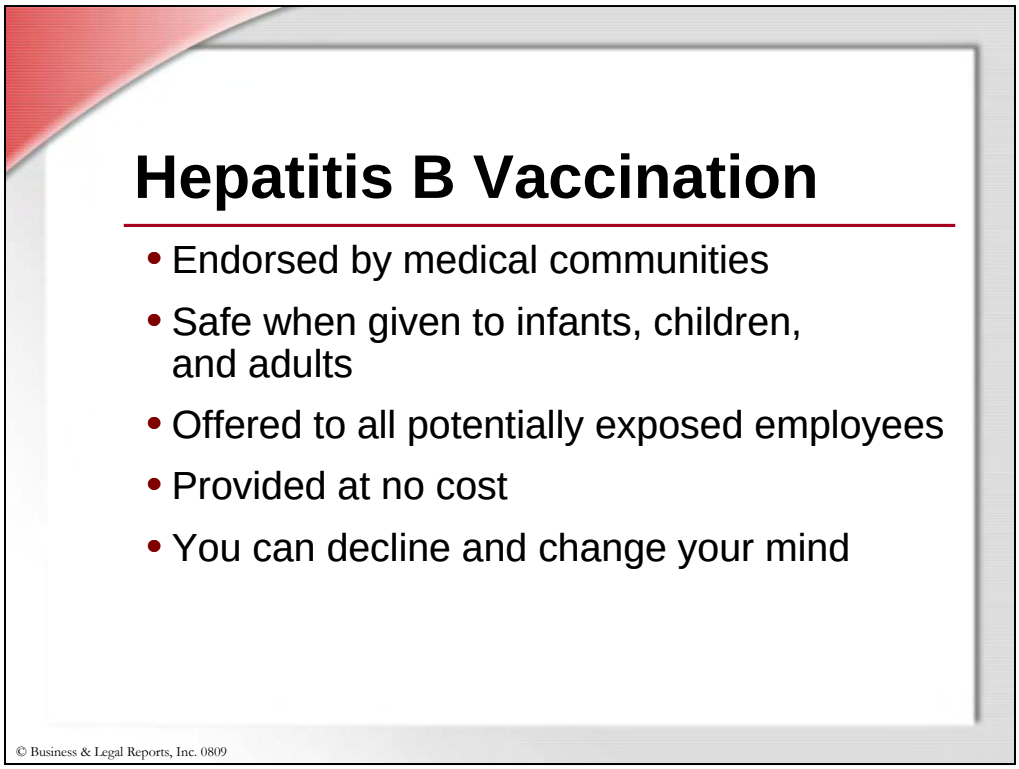


Slide Show Notes

Now it's time to test your knowledge. In this exercise, imagine that you have potentially been exposed to infected blood or OPIM. Decide the order in which you should take the steps listed on the slide.

Here is the correct answer:

- First, you should wash any cuts and skin thoroughly with soap and water.
- Next, rinse your nose and mouth to remove any potential splashes of blood or OPIM.
- Then, if you were not wearing safety glasses or goggles, flush your eyes with clean water or sterile solution.
- Then, clean and decontaminate all infected surfaces.
- And finally, report the incident.



Slide Show Notes

Getting a hepatitis B vaccination is strongly recommended to protect against exposure to this disease.

- This vaccine is strongly endorsed by medical, scientific, and public health communities as a safe way to prevent hepatitis B.
- The vaccine is safe when given to infants, children, and adults. There is no confirmed evidence that it causes chronic illness. Reports of unusual illnesses following vaccination are often related to other causes rather than to the vaccine.
- The hepatitis B vaccine is offered to all potentially exposed employees within 10 days of their initial assignment. These employees include first-aid responders, personnel assigned to clean up after accidents, and janitorial personnel.
- The vaccine is provided at no cost to the employee. Vaccination involves a series of three injections that are effective in preventing hepatitis B. While there is no requirement for routine boosters, this is still being evaluated.
- Finally, if you decline to be vaccinated against hepatitis B, you will be asked to sign a form that states that you waived your opportunity to have the vaccination. However, you can change your mind later and get vaccinated. The form basically states that you do not want the vaccination at this time.

Bring copies of the declination form to the training session.

Decon, Disposal, and Incidents—Any Questions?

Do you understand decontamination and disposal of blood or OPIM?

- Exposure incidents?
- The hepatitis B vaccination?



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Slide Show Notes

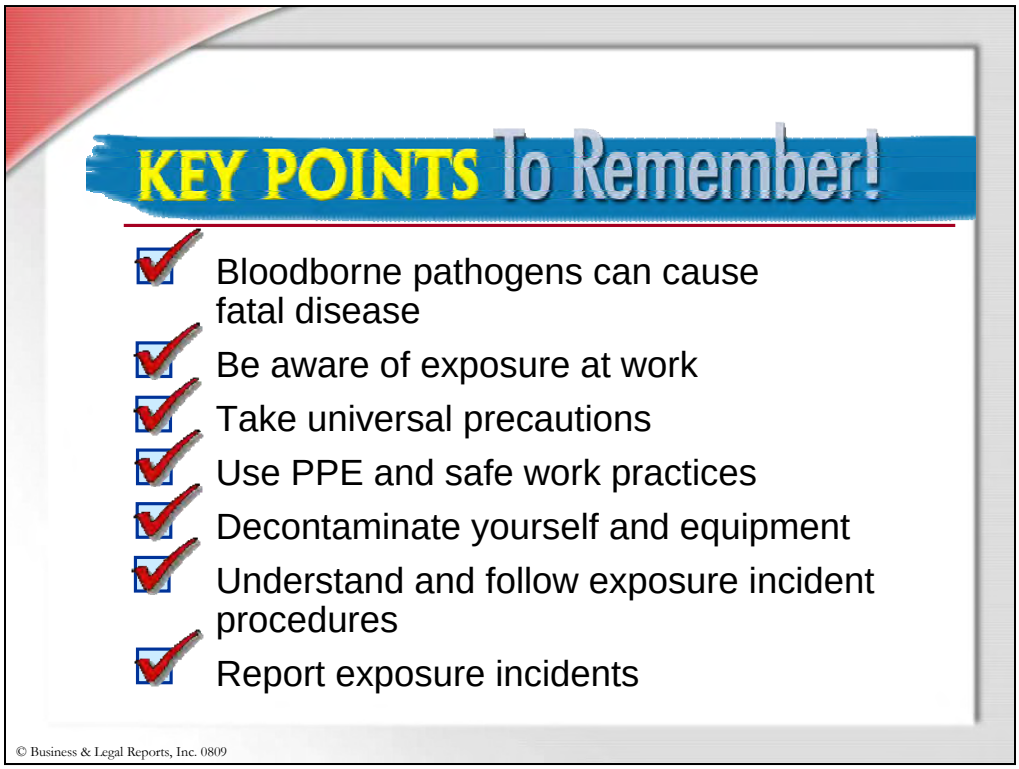
Do you understand decontamination and disposal of blood or other potentially infected materials?

- Exposure incidents and what to do about them?
- The hepatitis B vaccinations?

It is time to ask yourself if you understand the information presented.

It is important for your safety that you understand decontamination and disposal of blood or OPIM, exposure incidents, and the hepatitis B vaccinations.

Conduct a safe work practice exercise, if appropriate.



Slide Show Notes

The following are the key points to remember about this training session:

- First, bloodborne pathogens can cause fatal disease. They include HIV, which causes AIDS, as well as hepatitis B and hepatitis C.
- Be aware of the potential for exposure to bloodborne pathogens at work. Exposure can happen if a co-worker suffers a bleeding injury, or when you are administering first aid, touching a contaminated surface, cleaning up blood, cleaning a rest room, or touching a tool that has dried blood on it.
- Take universal precautions by assuming that all blood or bodily fluid is infected:
  - Use PPE as a barrier between you and the source of infection, and follow safe work practices such as labeling and proper disposal of infectious material.
  - Decontaminate yourself by thoroughly washing up after potential exposure, and decontaminate any tools or equipment that might be exposed.
- Understand and follow exposure incident procedures if you think you might have been exposed.
- Finally, report all incidents of possible exposure to blood or bodily fluids so that they can be evaluated and appropriate steps taken if necessary.