

Bloodborne Pathogens

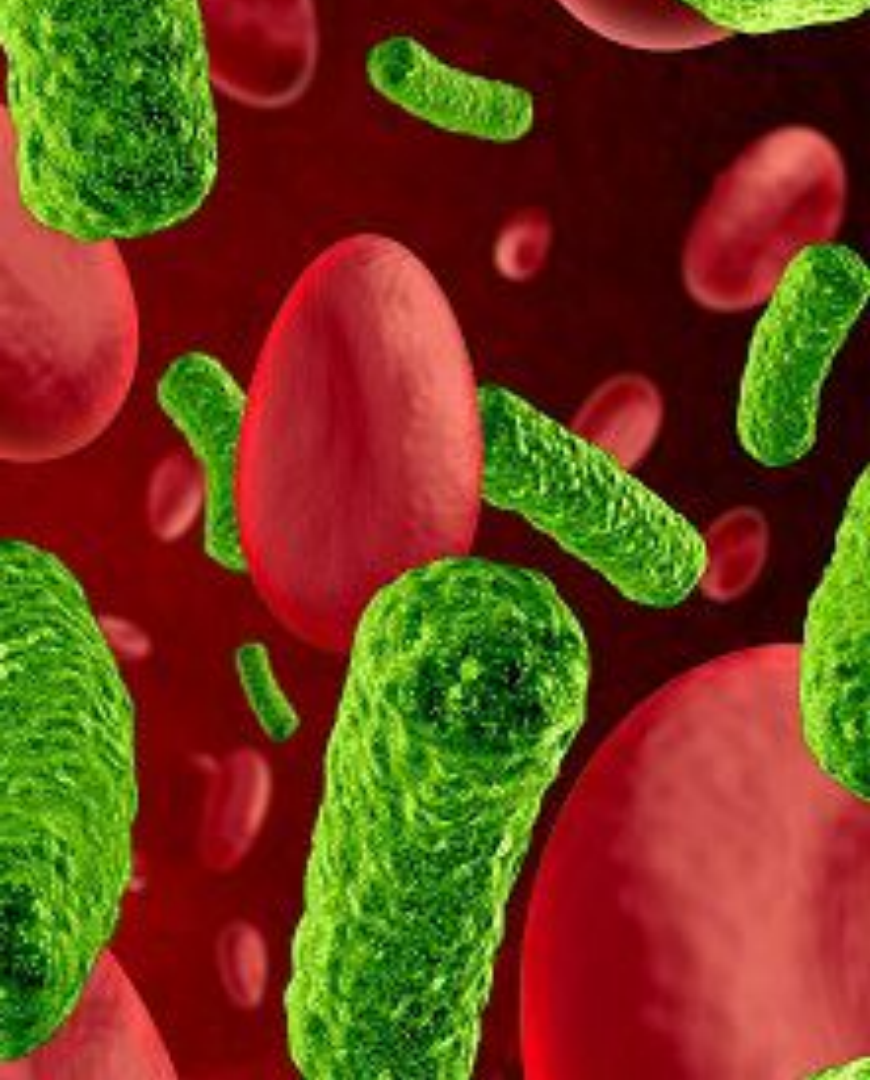


JOB CLASSIFICATION:

- **ECSU POLICY JOB CLASSIFICATION:**

- Job classifications which include employees whom all have occupational exposure
- OSHA BB Pathogen standard
 - anyone whose job requires exposure to BB pathogens is required to complete training





WHAT IS A BB PATHOGEN?

- Microorganisms that are carried in the blood and can cause diseases in humans

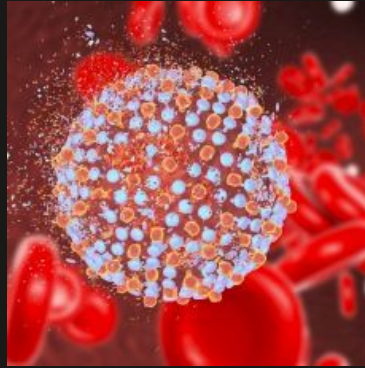
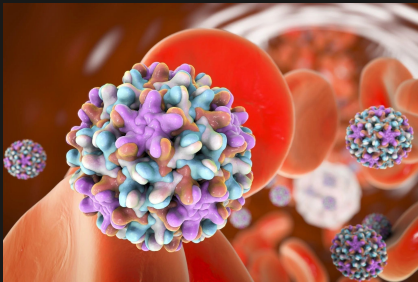
COMMON BB PATHOGEN DISEASES:



- Hepatitis B(HBV)
- Hepatitis C(HCV)
- Human
Immunodeficiency
Virus (HIV)

HEPATITIS B (HBV)

- 1–1.25 million Americans are chronically infected
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting
- May lead to chronic liver disease, liver cancer, and death
- Vaccination available since 1982
- HBV can survive for at least one week in dried blood
- Symptoms can occur 1–9 months after exposure

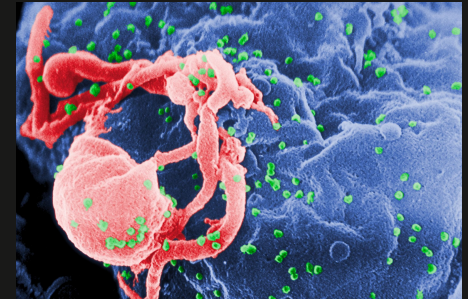


HEPATITIS C (HCV)

- Hepatitis C is the most common chronic bloodborne infection in the United States
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting
- May lead to chronic liver disease and death

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

- HIV is the virus that leads to AIDS
- HIV depletes the immune system
- HIV does not survive well outside the body
- No threat on contracting HIV through casual contact



OTHER POTENTIALLY INFECTIOUS MATERIALS, OPIM:

- Blood
- Semen or vaginal secretions
- Amniotic Fluid
- Any body fluid that is visibly contaminated with blood



TRANSMISSION POTENTIAL



- Contact with another person's blood or bodily fluid that may contain blood
- Mucous membranes: eyes, mouth, nose
- Non-intact skin
- Contaminated sharps/needles

YOUR EXPOSURE POTENTIAL



- Administering first aid.
- Handling of any waste products.
- Where is waste disposed?

UNIVERSAL PRECAUTIONS:

- Use of proper PPE
- Treat all blood and bodily fluids as if they are contaminated
- Proper cleanup and decontamination
- Disposal of all contaminated material in the proper manner





PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Anything that is used to protect a person from exposure
- Latex or Nitrile gloves, goggles, CPR mouth barriers, aprons, respirators

PPE RULES TO REMEMBER:



- Always check PPE for defects or tears before using
- If PPE becomes torn or defective remove and get new
- Remove PPE before leaving a contaminated area
- Do not reuse disposable equipment



DECONTAMINATION

- When cleaning up surfaces use 1:10 Bleach/Water or other suitable material.
- Do an initial wipe up
- Spray and allow it to stand for ten minutes then wipe up
- Dispose of all wipes in biohazard containers
- PPE should be removed and disposed of in biohazard containers



HAND WASHING:

- Wash hands immediately after removing PPE.
- Use an antibacterial soap

WHEN IS WASTE CONSIDERED REGULATED MEDICAL WASTE?

- Liquid or semi-liquid blood or other potentially infectious material (OPIM)
- Contaminated items that would release blood or OPIM when compressed
- Contaminated sharps
- Pathological and microbiological waste containing blood or OPIM



EXPOSURE INCIDENT

- A specific incident of contact with potentially infectious bodily fluid
- If there are no infiltrations of mucous membranes or open skin surfaces, it is not considered an occupational exposure
- Report all accidents involving blood or bodily fluids
- Post-exposure medical evaluations are offered

Exposure Event Number _____
Sample Blood and Body Fluid Exposure Report Form
Facility name: _____
Name of exposed worker: Last _____ First : _____ ID #: _____
Date of exposure: ____/____/____ Time of exposure: ____:____ AM PM (Circle)
Job title/occupation: _____ Department/work unit: _____
Location where exposure occurred: _____
Name of person completing form: _____
<p>Section I. Type of Exposure <i>(Check all that apply.)</i></p> <p><input type="checkbox"/> Percutaneous (Needle or sharp object that was in contact with blood or body fluids) <i>(Complete Sections II, III, IV, and V.)</i></p> <p><input type="checkbox"/> Mucocutaneous <i>(Check below and complete Sections III, IV, and VI.)</i> <input type="checkbox"/> Mucous Membrane <input type="checkbox"/> Skin</p> <p><input type="checkbox"/> Bite <i>(Complete Sections III, IV, and VI.)</i></p>
<p>Section II. Needle/Sharp Device Information <i>(If exposure was percutaneous, provide the following information about the device involved.)</i></p> <p>Name of device: _____ <input type="checkbox"/> Unknown/Unable to determine</p> <p>Brand/manufacture: _____ <input type="checkbox"/> Unknown/Unable to determine</p> <p>Did the device have a sharps injury prevention feature, i.e., a "safety device"?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unable to determine</p> <p>If yes, when did the injury occur?</p> <p><input type="checkbox"/> Before activation of safety feature was appropriate <input type="checkbox"/> Safety feature failed after activation</p> <p><input type="checkbox"/> During activation of the safety feature <input type="checkbox"/> Safety feature not activated</p> <p><input type="checkbox"/> Safety feature improperly activated <input type="checkbox"/> Other: _____</p> <p>Describe what happened with the safety feature, e.g., why it failed or why it was not activated: _____</p> <p>_____</p>
<p>Section III. Employee Narrative <i>(Optional)</i></p> <p>Describe how the exposure occurred and how it might have been prevented:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>NOTE: This is not a CDC or OSHA form. This form was developed by CDC to help healthcare facilities collect detailed exposure information that is specifically useful for the facilities' prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.</small></p>



POST-EXPOSURE EVALUATION

- Confidential medical evaluation
- Document route of exposure
- Identify source individual
- Test source individuals blood (with individuals consent)

HEPATITIS B VACCINATION



- Strongly endorsed by medical communities
- Offered to all potentially exposed employees
- Provided at no cost to employees
- Declination form

Bloodborne Pathogen Quiz

