BLOODBORNE PATHOGENS
Why Are We Here?

- OSHA BB Pathogen standard
  - anyone whose job requires exposure to BB pathogens is required to complete training
JOB CLASSIFICATION

• ECSU POLICY JOB CLASSIFICATION

• A. Job classifications which include employees whom all have occupational exposure:
WHAT IS A BB PATHOGEN?

MICROORGANISMS THAT ARE CARRIED IN THE BLOOD THAT CAN CAUSE DISEASE IN HUMANS
COMMON BB PATHOGEN DISEASES

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)
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
- What is needed?
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
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)

• What is it?

• 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
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
EASTERN CONNECTICUT STATE UNIVERSITY HEALTH SERVICE
Hepatitis B Vaccination/Waiver

Name: ____________________________

SSN: ____________________________

Status: □ Employee
□ Student Worker
□ Intern
□ Other: _______________________

If you wish to decline the vaccine, please read and sign the following statement:

“I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.”

Signature: ____________________________ Date: ________________

If you would like to receive the Hepatitis B vaccine, please read and sign the following:

“I have read or have had explained to me the information on the Hepatitis B fact sheet about Hepatitis B and the Hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis B vaccine and request that it be given to me.”

Signature: ____________________________ Date: ________________

HEPATITIS B VACCINATION RECORD

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PLEASE CLICK ON THE FOLLOWING LINK TO ACCESS

BBP QUIZ