

Bloodborne Pathogens

Employee training on the hazards of bloodborne pathogens in the workplace



Developed by Division of Occupational Safety & Health (DOSH)
April, 2009

DOSH Training Requirements

To meet the DOSH training requirements for bloodborne pathogens training, you must include information specific to your worksite. See the notes section of the slides (*PowerPoint Notes Pages view*).

Preview this program and include your specific workplace information before conducting the training.

Distribute or make accessible to employees copies of the Occupational Exposure to Bloodborne Pathogens Chapter 296-823 WAC.

You must keep an attendance roster for your records to document training.

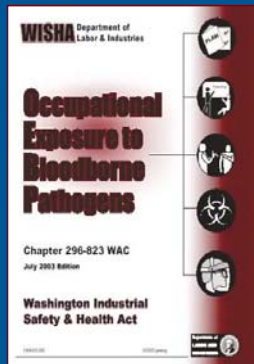
How To Use This PowerPoint Program

- Users with PowerPoint can download, edit, and use the program for training with a laptop and multimedia projector.
- Additional information is also found in the Notes section accompanying the slides. You can read the text in quotations found in the Notes section or use your own words.
- If you want to print out this program, the PDF file uses less computer memory and prints faster.

Bloodborne Pathogens Training

Washington
Industrial
Safety & Health
Rules

Chapter 296-823
WAC



Course Topics

- What are bloodborne pathogens (BBPs)?
- Why are they harmful?
- How can I protect myself?
- What is our Exposure Control Plan?

General overview

Pathogen: any microorganism that can cause disease

Examples of illnesses pathogens cause

- Viruses AIDS, Hepatitis B, colds, flu, Herpes
- Bacteria Intestinal diseases, Tuberculosis, Gonorrhea
- Fungi Athlete's foot, Farmer's lung, Asthma/allergies
- Parasites Giardiasis, Malaria, Trichinosis

E. coli (bacteria)
*Image courtesy
Indigo Instruments.



Trichinella
(parasite)



Transmission of Diseases

Organisms can enter the body by:

- **Inhalation**

Air



- **Ingestion**

Contaminated food, water



- **Direct blood contact**

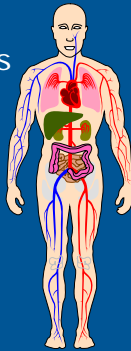


Bloodborne Pathogens (BBPs)

Microorganisms present in

Blood,

or



Other Potentially Infectious Materials

Bloodborne Pathogens (BBPs)

***OPIM* is:**

- Semen
- vaginal secretions
- body fluids such as pleural, cerebrospinal, pericardial, peritoneal, synovial, and amniotic
- saliva in dental procedures
- any body fluids visibly contaminated with blood
- body fluid where it is difficult to differentiate
- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV- or HBV-containing cultures (cell, tissue, or organ), culture medium, or other solutions
- blood, organs, & tissues from animals infected with HIV, HBV, or BBPs

Transmission of BBPs



Bloodborne pathogens can enter your body through:

- contaminated instrument injuries
- a break in the skin (cut, lesion, etc.)
- mucus membranes (eyes, nose, mouth)
- other modes



Transmission of BBPs

Risk of infection depends on several factors:



- The pathogen involved
- The type/route of exposure
- The amount of virus in the infected blood at the time of exposure
- The amount of infected blood involved in the exposure
- Whether post-exposure treatment was taken
- Specific immune response of the individual

Courtesy of Owen Mumford, Inc.

Bloodborne Pathogen Diseases

Some examples of bloodborne pathogens:

- Malaria
- Syphilis
- Brucellosis
- Leptospirosis
- Arboviral infections
- Relapsing fever
- Creutzfeld-Jakob Disease
- Viral Hemorrhagic Fever

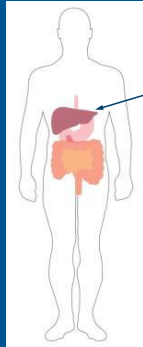


Main bloodborne pathogens and diseases of concern

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

Viral Hepatitis - General Overview

- Virus attacks liver
→ inflammation, enlargement, and tenderness
- Acute and chronic infections
- Possible liver damage ranging from mild to fatal



Courtesy of Schering Corporation

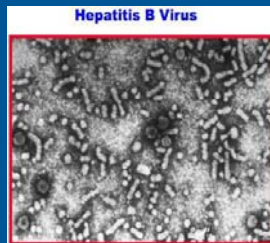
The liver is the large, dark red organ located in the upper right abdomen behind the lower ribs.

It functions in removing toxins (poisons) from the blood, in the digestion of fats, and in other body processes.

HBV - Hepatitis B Virus

General Facts

- Hearty - can live for 7+ days in dried blood
- 100 times more contagious than HIV
- Approximately 46,000 new infections per year (2006)
- 1.25 million carriers
- 4,000 deaths/year
- No cure, but there is a preventative vaccine



HBV - Hepatitis B

Clinical Features

Incubation period	Average 60-90 days Range 45-180 days
No sign or symptoms	30%
Acute illness (jaundice)	30%-50% (≥5 years old)
Chronic infection (carrier)	2%-10% (of infected adults)
Premature death from chronic liver disease	15-25% (of chronically infected)
Immunity	Protected from future infection

HBV - Hepatitis B

Symptoms

- flu-like symptoms
- fatigue
- abdominal pain
- loss of appetite
- nausea, vomiting
- joint pain
- jaundice

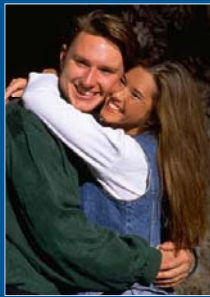


Normal eyes



Jaundiced eyes

HBV - Hepatitis B Transmission



- Unprotected sex with infected partner
- Sharing needles during injecting drug use
- From infected mother to child during birth
- Sharps/needle sticks

HCV - Hepatitis C Virus

General Facts

- The most common chronic bloodborne infection in the U.S.
- 3.2 million (1.6%) Americans infected; 2.7 million chronically infected
- 19,000 new infections per year (2006 data)
- Leading cause of liver transplantation in U.S.
- 8,000-10,000 deaths from chronic disease/year
- No broadly effective treatment
- No vaccine available



Healthy human liver



Hepatitis C liver

A healthy human liver contrasted with a liver from an individual who died from hepatitis C.

Copyright 1998 Trustees of Dartmouth College

HCV - Hepatitis C

Clinical Features

Incubation period	Average 6-7 weeks Range 2-26 weeks
No sign or symptoms	80%
Acute illness (jaundice)	≤20% (Mild)
Chronic infection	75%-85%
Chronic liver disease	10%-70% (most are asymptomatic)
Deaths from chronic liver disease	1%-5%
Immunity	No protection from future infection identified

HCV - Hepatitis C

Symptoms

- flu-like symptoms
- jaundice
- fatigue
- dark urine
- abdominal pain
- loss of appetite
- nausea



HCV - Hepatitis C Transmission

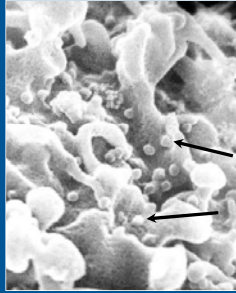


- Injecting drug use
- Hemodialysis (long-term)
- Blood transfusion and/or organ transplant before 1992
- From infected mother to child during birth
- Occupational exposure to blood - mostly needlesticks
- Sexual or household exposures - rare

Human Immunodeficiency Virus (HIV)

General Facts

- Fragile – survives only a few hours in dry environment
- Attacks the human immune system
- Cause of AIDS
- >1 million infected persons in U.S.
- No cure; no vaccine available yet



HIV - seen as small spheres on the surface of white blood cells

Human Immunodeficiency Virus (HIV)

HIV Infection → AIDS

- Many have no symptoms or mild flu-like symptoms
- Most infected with HIV eventually develop AIDS
- Incubation period ≈10-12 yrs
- Opportunistic infections & AIDS-related diseases - TB, toxoplasmosis, Kaposi's sarcoma, oral thrush (candidiasis)
- Treatments are limited; do not cure



Human Immunodeficiency Virus (HIV)

HIV Transmission



- Sexual contact
- Sharing needles and/or syringes
- From HIV-infected women to their babies during pregnancy or delivery
- Breast-feeding
- Needlesticks

Transmission of BBPs

Occupational Exposure:

means reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing of the skin) contact with blood or OPIM that may result from the performance of an employee's duties

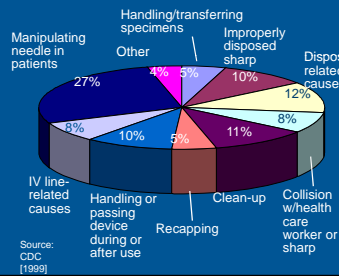


Exposure Incident:

is a broken skin, mucous membrane or sharps injury exposure to blood or OPIM

Health Care Workers and BBPs Occupational Transmission

Causes of percutaneous injuries with hollow-bore needles, by % total percutaneous injuries



- Most common: needlesticks
- Cuts from other contaminated sharps (scalpels, broken glass, etc.)
- Contact of mucous membranes (eye, nose, mouth) or broken (cut or abraded) skin with contaminated blood

Source: CDC (1999)

Health Care Workers and BBPs Occupational Transmission




Risk of infection following a needlestick or cut from a positive (infected) source:

- HBV: 6%-30%
- HCV: 1.8% (range 0%-7%)
- HIV: 0.3%

Exposure Control Plan

To eliminate/minimize your risk of exposure



- Exposure determination
- Exposure controls
- Training and Hazard Communication
- Hepatitis B Vaccine
- Post exposure evaluation & follow-up
- Recordkeeping

Copies of our plan are located at:

Exposure determination – who is at risk at this worksite?

List job classifications where:

- All employees occupationally exposed?

- Some employees occupationally exposed?

– What are the tasks with exposure?

Note: determine exposure without considering use of PPE.

Exposure Determination

The following are job classifications in our establishment in which **ALL** employees have occupational exposure to bloodborne pathogens:

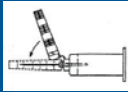
Job Title	Department/Location
<i>(example: Phlebotomist)</i>	<i>(example: Clinical Lab)</i>

Job Title	Department/Location	Task/Procedure
<i>(example: Housekeeper)</i>	<i>(Environmental services)</i>	<i>(Handling Regulated Waste)</i>

Exposure Controls

Reducing your risk

- Universal precautions (or equivalent system*)
- Equipment and Safer Medical Devices
- Work practices
- Personal protective equipment
- Housekeeping
- Laundry handling
- Hazard communication - labeling
- Regulated Waste



Exposure Controls

UNIVERSAL PRECAUTIONS

A system of infection control that treats all human blood and OPIM as if it is infected with a bloodborne disease.



Exposure Controls

Equipment and Safer Medical Devices

- Physical guards

Sharps disposal containers are:

- Closable
- Puncture-resistant
- Leak-proof
- Labeled or color-coded
- Upright, conveniently placed in area where sharps used



DO NOT OVERFILL!

Exposure Controls

Equipment and Safer Medical Devices

- Barriers and Shields



Exposure Controls

Equipment and Safer Medical Devices

- Environmental Controls

Ventilation hood



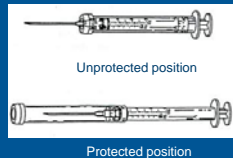
Exposure Controls

Equipment and Safer Medical Devices

- Other Devices

Safer Medical Devices

- Sharps with engineered sharps injury protections (SESIP)
- Needleless systems
- Self-blunting needles
- Plastic capillary tubes



Example of needle guard with protected sliding sheath that is pushed forward after use and locks

Exposure Controls

Safe Work Practices

Do the job/task in safer ways to minimize any exposure to blood or OPIM:



- Don't bend, recap, or remove needles or other sharps
- Don't shear or break needles
- Place contaminated reusable sharps immediately in appropriate containers until properly decontaminated

Exposure Controls

Safe Work Practices

- Do not pipette or suction blood or OPIM by mouth.
- Wash hands after each glove use and immediately or ASAP after exposure.
- Remove PPE before leaving work area.



Exposure Controls

Safe Work Practices



- Don't eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in any work areas where there is the possibility of exposure to blood or OPIM.
- Don't place food or drink in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops in any work areas.

Exposure Controls Safe Work Practices

During clean-up of spills and broken glassware/sharps contaminated with blood or OPIM, do the following:



- Wear protective eyewear and mask if splashing is anticipated.
- Remove glass and other sharps materials using a brush and dust pan, forceps, hemostat, etc. Do not use your hands.
- Properly discard all materials into a sharps or puncture-resistant biohazardous waste container.
- Use paper/absorbent towels to soak up the spilled materials.

Exposure Controls Safe Work Practices

Clean-up of spills and broken glassware/sharps (cont.)



- Clean the area with 10% bleach or EPA-registered disinfectant.
- Saturate the spill area with disinfectant. Leave for 10 minutes (or as specified by product manufacturer) or allow to air dry.
- Properly dispose of paper towels and cleaning materials into proper waste containers.

Exposure Controls

Personal Protective Equipment (PPE)

You must wear all required PPE. We provide you with the following PPE at no cost:

- Gloves
- Lab coats
- Gowns
- Shoe covers
- Face shields or Masks and eye protection
- Resuscitation devices



PPE Contact:

Exposure Controls

Personal Protective Equipment - Gloves



latex gloves

- Latex
- Nitrile
- Vinyl
- Utility



Nitrile and vinyl gloves

Exposure Controls

Remove gloves safely and properly

- Grasp near cuff of glove and turn it inside out. Hold in the gloved hand.
- Place fingers of bare hand inside cuff of gloved hand and also turn inside out and over the first glove.
- Dispose gloves into proper waste container.
- Clean hands thoroughly with soap and water (or antiseptic hand rub product if handwashing facilities not available).





Safe and proper glove removal



Video clip demonstration

Exposure Controls
Personal Protective Equipment (PPE)

• Protective clothing

- Lab coat
- Gown
- Apron
- Surgical cap or hood
- Shoe cover or boot
- Fully encapsulated suit



Exposure Controls
Personal Protective Equipment (PPE)

Eye-Face Protection and Masks

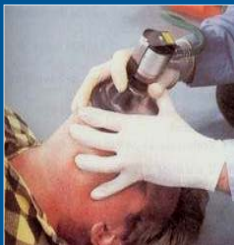


- Safety glasses with side shields
- Splash goggles
- Face shield
- Mask



Exposure Controls
Personal Protective Equipment (PPE)

• Resuscitation Devices



Exposure Controls

Housekeeping

Maintain a clean and sanitary workplace

- Written cleaning and decontamination schedule and procedures
- Approved disinfectant – bleach, EPA-approved
- Contaminated waste disposal methods
- Laundry



Exposure Controls

Laundry

- List of contaminated articles
- Handle as little as possible
 - Bag/containerize where used
 - Don't sort or rinse where used
 - Place in leak-proof, labeled or color-coded containers or bags
- Wear PPE when handling and/or sorting:
 - Gloves
 - Gown
- Schedule (*Time, location*)



Exposure Controls

Communication of Hazards

- Must have biohazard symbol
- Labels attached securely to any containers or items containing blood/OPIM
- Red bags/containers may substitute for labels
- Signs posted at entrance to specified work areas



fluorescent orange or orange/red background

Lettering and symbol in contrasting color to background

Exposure Controls

Regulated Waste

- Liquid or semi-liquid blood or OPIM
- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed
- Items caked with dried blood or OPIM that are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM



Exposure Controls

Regulated Waste - Containers



- Easily accessible
- Labeled or color-coded
- Leak-proof, closeable
- Puncture-resistant for sharps
- Replaced routinely (do no overfill!)



Exposure Controls

Regulated Waste - Containers

- Close immediately before removing or replacing
- Place in second container if leaking possible or if outside contamination of primary container occurs
- If reusable - open, empty, and clean it in a manner that will not expose you and other employees



Hepatitis B Vaccine



- No cost to you
- 3 shots: 0, 1, & 6 months
- Effective for 95% of adults
- Post-vaccination testing for high risk HCW
- Post-exposure treatment (if not vaccinated)
 - Immune globulin
 - Begin vaccination series
- If decline, you must sign a “Declination Form”
 - vaccine available at later date if desired

Exposure Incident

If you have an exposure incident to blood or OPIM, immediately do the following:



- Thoroughly clean the affected area
 - Wash needlesticks, cuts, and skin with soap and water
 - Flush with water splashes to the nose and mouth
 - Irrigate eyes with clean water, saline, or sterile irrigants
- Report exposure to (*supervisor, person or department responsible for managing exposures, etc.*); fill out an Incident Report Form

Post-exposure evaluation

Our company's responsibility:

- Provide immediate post-exposure medical evaluation and follow-up to exposed employee:
 - At no cost
 - Confidential
 - Testing for HBV, HCV, HIV
 - Preventive treatment when indicated
- Test blood of source person if HBV/HCV/HIV status unknown, if possible; provide results to exposed employee, if possible



Post-exposure evaluation

Our Company's Responsibility: (cont.)



- Provide exposed employee with copy of the evaluating health care professional's (HCP) written opinion within 15 days of completion of evaluation
- Provide employee with information about laws on confidentiality for the source individual
- Provide post-exposure treatment as needed, including counseling

Our HCP is:

Post-exposure Treatment

- HCV – no treatment
- HBV - Immune globulin and vaccination if not immune
- HIV – Anti-HIV medications for high risk exposures
- Tested for infection at baseline, 3, and 6 months

Recordkeeping Medical Records

- Confidential
- Hepatitis B vaccination and post-exposure evaluations
- HCP's written opinions
- Information provided to HCP as required
- Maintain for length of employment + 30 years



Sharps Injury Log

We keep a separate sharps injury log

We also document sharps injuries on the OSHA 300 or equivalent form

The injury is recorded as a confidentiality case

The log includes the following information:

- type and brand of device involved
- department or work area where exposure occurred
- An explanation of how the incident occurred



Recordkeeping Training Records

- Dates
- Content summary
- Trainer name & qualifications
- Attendee's names & job titles
- Maintain for 3 years



Any Questions?

