

BLOOD BORNE PATHOGEN TRAINING



BLOODBORNE PATHOGEN STANDARD

- Final regulation issued on December 6, 1991
- All employers in compliance by July 7, 1992



WHO DOES THE LAW APPLY TO?

- Private sector employees with one or more employees
- All workplaces where a person may have "OPIM"



DEFINITIONS

- OCCUPATIONAL EXPOSURE - reasonably anticipated skin, mucous membrane or parenteral contact with blood or OPIM
- OPIM - "other potentially infectious material" (human body fluids such as semen, vaginal secretions, saliva, urine, etc..)
- BLOOD - human blood, blood products, or blood components
- PARENTERAL - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions



DISEASES

- What diseases are associated with blood and body fluids?
- How are they transmitted?
- What can you do to control transmission of these diseases?



BLOOD INFECTIONS

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E
- HIV



METHODS OF TRANSMISSION

- Needle sticks (most common—80% of accidental exposures to blood)
- Sharing needles (drug use)
- Unprotected sex
- Open cuts, sores, mucous membranes, etc.

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HEPATITIS

- Risk of infection from single needle stick is 6% to 30% (800,000 per year)
- Hepatitis is much more transmissible than HIV

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HEPATITIS TYPE A

- Transmitted person to person (fecal-oral)
- Contaminated food/water
- Vaccine available (20 yr coverage)
- Complication—fulminant hepatitis (rapid onset of liver failure)

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HEPATITIS TYPE B

- Sexually transmitted
- Via infected blood & body fluids
- Contact with contaminated surfaces (can survive up to 10 days)
- From mother to baby during birth and pregnancy
- Vaccine available
- 50% of people w/ HBV are unaware

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HEPATITIS TYPE B CONTINUED

- Complications:
 - Liver Cancer
 - Fulminant hepatitis
 - Cirrhosis
 - Chronic liver disease
- Approx. 78,000 persons in U.S. affected each year.

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HEPATITIS TYPE C

- Transmitted by injecting drug use and via blood (most common cause is needle sticks)
- No vaccine available
- Liver cancer
- Cirrhosis
- Chronic liver cancer (about 70%)
- Leading reason for liver transplants

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HEPATITIS TYPE D

- Transmitted via blood
- Only in presence of Hepatitis B
- No vaccine available



HEPATITIS TYPE E

- Fecal-oral transmission
- No vaccine available
- High mortality in pregnant women



HIV/AIDS

- Risk of HIV after needle stick is 1 in 3,000 or 0.3%
- CDC documented 55 cases and 136 possible cases of occupational HIV transmission to U.S. healthcare workers between 1985 and 1999



HOW CAN YOU PROTECT YOURSELF?

- Good hand washing practices
- Use of personal protective equipment
- Knowledge of blood borne pathogens



OCCUPATIONAL EXPOSURE

- Where contact with human blood can be reasonably anticipated
- OSHA recognizes exposure may exist in all workplaces but does not constitute "occupational exposure"
- Use of protective equipment does not alter exposure level



EXPOSURE EXAMPLES:

- Police or fire departments
- Medical/emergency facilities
- Waste removal services
- Dental offices
- Funeral homes
- Linen services
- Research labs



TASKS THAT COULD RESULT IN "EXPOSURE"

- Emergency medical services
- Dental procedures
- Follow-up care in medical treatments
- Clean-up of body fluids
- Administering first aid
- "Good Samaritan" acts
- Cleaning procedures: floors, walls, restrooms, etc.

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WHAT THE LAW REQUIRES

- Written exposure plan
- Offer Hepatitis B vaccinations
- Proper labeling
- Post-exposure evaluation
- Record maintenance
- Training—initial and yearly

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EXPOSURE PLAN BASIC INFORMATION

- Written plan
- Specific to: facility, job, tasks, and procedures
- Accessible to employees
- Copy of plan can be requested
- Designed to minimize exposure
- Communication of hazards

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WHAT'S NEEDED IN PLAN

- List of jobs that have exposure
- Schedules and methods of implementation
 - Universal precautions
 - Engineering controls
 - Personal protection
 - Needle and sharps control

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EXPOSURE CONTROL METHODS

- Universal precautions
- Engineering controls
- Decontamination and disinfectants
- Hand washing
- Sharps management
- Protective equipment

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PROPER CLEAN UP OF BLOOD AND OPIM

- Protect yourself
 - Gloves
 - Eye protection
 - Shoe covers
- Contain spill
- Remove visible material with disposable towels

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PROPER CLEAN UP

- Decontaminate—approved EPA disinfectant
- Dispose material in approved containers
- Wash hands



HEPATITIS B VACCINATION

- All employees with "occupational exposure"
- Risks and benefits
- Free of charge
- Refusal must be documented
- Can be requested at later time



PROPER LABELING

- Symbol and word "biohazard"
- Red bags or red containers
- Laundry may use other color
- Labels needed on:
 - Containers for blood or OPIM
 - Contaminated equipment, laundry containers, refrigerators
 - Regulated waste



POST EXPOSURE EVALUATION

- Exposure incident is "specific eye, mouth, or other mucous membrane; non-intact skin; or parenteral contact with blood or other potentially infectious material."
- Needle sticks or cuts from objects that have had contact with human blood or OPIM.



POST EXPOSURE EVALUATION

- If exposed to blood or OPIM, hands or other exposed skin should be washed with soap and water.
- Rinse any exposed mucous membrane with water.
- Incident should be reported immediately
- Offer confidential medical evaluation



RECORD MAINTENANCE

- Name and social security # of employee
- Date and copy Hepatitis B vaccination
- Substantial record keeping required
 - Circumstances of exposure
 - Evaluation and investigation of incident
 - Offer of medical evaluations
 - If appropriate and legal, identify source of blood or OPIM



RECORDS CONTINUED

- Immediately offer blood testing
 - employee must give consent
 - employee has 90 days to decide on HIV testing
 - must offer counseling and medical evaluation of reported illnesses
 - if not previously vaccinated for Hep. B, must be offered again
 - records maintained for 30 years.



TRAINING REQUIREMENTS

- During working hours
- No cost to employee
- Level and language of employee
- At time of initial assignment
- Annual training
- Explanation of exposure plan
- How to prevent/reduce exposure



TRAINING

- Explanation of signs and labels
- Hazards with blood and OPIM
- HIV and HBV symptoms
- Protective measures
- HBV vaccinations
- Procedures and practices for clean up of spills



TRAINING

- Procedures for notification of emergencies
- Procedures for post exposure reporting (confidentiality)
- Records for training retained for 3 years.



REVIEW OF REQUIRMENTS OF THE LAW

- Written exposure plan
- Offer Hepatitis B vaccination
- Appropriate labeling
- Post exposure evaluation
- Record keeping
- Training (you have all been trained now!)



THE END

- Thank you for your attention
 - If we can assist you in training and/or implementing a blood borne pathogen program, please contact your Waxie rep.

