

Chapter 1 : Bloodborne Pathogens

What are bloodborne pathogens? Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens.

Workers can review the Exposure Control Plan at any time during their work shifts. Workers who have occupational exposure to human blood or other potentially infectious material OPIM must follow the procedures and work practices in this plan. Other potentially infectious materials include all of the following: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; Any unfixed tissue or organ other than intact skin from a human living or dead ; Human cell lines; HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV; or Blood and tissues of experimental animals infected with bloodborne pathogens. The ECP is reviewed and updated at least annually whenever necessary to: Reflect new or modified tasks and procedures that affect occupational exposure; Reflect new or revised job classifications with occupational exposure; Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; or Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The Exposure Control Plan includes: The overview; Identification of workers who are at risk for exposure; Controlling worker exposure to bloodborne pathogens; Worker training and hazard communication; Post-exposure evaluation and follow-up; and Recordkeeping. Implementing the exposure control plan Maintaining, reviewing, and updating the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures Making this plan available to employees, and DOSH Division of Occupational Safety and Health representatives Making sure all medical actions required are performed, and that appropriate employee medical records are maintained Making sure this list is kept up-to-date. Completion of the HEA occurs upon hire, on an annual basis, and if job changes occur. A list of job classifications in the center in which all staff have occupational exposure to bloodborne pathogens. A list of job classifications in the center in which some staff have occupational exposure to bloodborne pathogens, along with a description of all tasks and procedures. It is intended to prevent parenteral, mucous membrane, and nonintact skin exposures to blood or OPIM. The Center provides PPE to staff at no cost. Department supervisors are responsible for purchasing, distributing, and maintaining PPE. The types of PPE available to staff are gloves, gowns, lab coats, and face shields or a combination of masks and eye protection. It is the responsibility of the department supervisor to maintain PPE and to inform staff of the location where PPE is stored. All staff using PPE must observe the following precautions: Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. Wear appropriate gloves when you can reasonably anticipate hand contact with blood or OPIM, or handle or touch contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or otherwise damaged. Never wash or decontaminate disposable gloves for reuse. Wash hands immediately or as soon as feasible after removal of gloves or other PPE. Remove PPE after it becomes contaminated, and before leaving the work area. Dispose of contaminated PPE in designated containers. Remove blood- or OPIM-contaminated garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface. Handle contaminated sharps properly and safely: If bending, recapping, or needle removal is necessary, it must be done using a mechanical device or a one-handed technique. Handle reusable sharps properly and safely: Place contaminated reusable sharps immediately, or as soon as possible after use, in appropriate containers until properly contaminated. Ensure all procedures involving blood or OPIM are performed so splashing, spraying, spattering, and generation of droplets are minimized. Ensure that staff clean their hands regularly and

properly: Provide hand washing facilities that are readily accessible to staff, wherever feasible. Ensure that staff clean their hands as soon as feasible after removing gloves and whenever there is the potential for contact with blood or OPIM. Ensure that staff wash any skin with soap and water, or flush mucous membranes with water as soon as feasible following contact with blood or OPIM. Prohibit food, drink, and other personal activities in the work area: Ensure eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is occupational exposure. Prohibit mouth pipetting and suctioning of blood or OPIM by mouth. After completion of a procedure; Immediately or as soon as possible when surfaces are clearly contaminated or after any spill of blood or OPIM; and At the end of the workshift, if the surface could have been contaminated since the last cleaning. Bins, cans and pails intended for reuse must be cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated must be picked up using mechanical means, such as a brush and dustpan, tongs, forceps, or other mechanical means. It is the responsibility of the individual causing the contamination to clean and disinfect the area. Regulated waste is placed in containers which: Contain all contents Are appropriately labeled or color-coded Are closed prior to removal to prevent contact spilling or protruding during handling. Contaminated sharps are discarded immediately after use in containers that are: Closable Leak-proof on sides and bottoms Labeled or color-coded appropriately Easily accessible to personnel Located as close as feasible to the immediate area where sharps are used or areas sharps can reasonably anticipated to be found Maintained upright throughout use Replaced routinely and not allowed to overfill. For more information on the handling of biohazardous waste, see Chapter VI, Section 8. For more information on sharps disposal containers and the handling of sharps waste, see Chapter VI, Section 9. A vendor provides weekly laundry service for all lab coats. Containers used to store, transport, or ship blood or OPIM including refrigerators and freezers; Sharps containers; Contaminated equipment e. Labels are all or mostly fluorescent orange or orange-red with the lettering and biohazard symbol in a contrasting color, and are attached to containers using methods which do not allow them to become lost or accidentally removed. Red bags or red containers may be substituted for labels. For more information on labeling of biohazardous waste, see Chapter VI, Section 8. The vaccination is free of charge. Vaccination is encouraged unless documentation is received that shows the worker has previously received the series, antibody testing reveals that the worker is immune, or medical evaluation shows that vaccination is contraindicated. A worker who chooses to decline the vaccination must sign a declination form. They may, however, request and obtain the vaccination at a later date, at no cost. Training is provided annually, before initial assignment to a task in which occupational exposure may take place, and when changes in task or procedures take place that affect occupational exposure. Bloodborne pathogen training includes:

Chapter 2 : 5 Ways to Prevent Exposure to Bloodborne Pathogens | Professional Development

Infection control principles and practices for local health agencies Bloodborne pathogens are microorganisms that cause disease and are present in human blood. They include but are not limited to human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

Maintenance of sharps injury log Post exposure follow-up Provision for hand hygiene practices Safe management and disposal of sharps Standard precautions - set of practices used with ALL clients to prevent contact with blood and OPIM Use of personal protective equipment; Use of sharps with safety devices Needlestick Safety and Prevention Act Waste management Work practices that reduce or eliminate exposure to blood and OPIM example: If it is reasonable to anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials during job duties and tasks, the staff member must be included in an exposure control plan. For example, a public health nurse assigned to administer immunizations may have contact with blood or body fluids. However, it is recommended that employers provide the hepatitis B vaccine if needed and other post-exposure follow-up due to liability issues, and to help prevent disease transmission among staff even in non-occupational exposures. How often do we have to train staff? All staff need to have training at the time they are initially assigned duties with occupational exposure, and annually thereafter. Training must be at the educational level and in the language of the employee. What records do we need to keep? Training records, which are kept for three years from the date on which the training occurred, and medical records e. How often does the BBP exposure control plan need to be reviewed and updated? The plan must be reviewed annually and whenever new or modified tasks or procedures affect occupational exposure or there are new employee positions with occupational exposure. Who can perform the training? There are no official requirements for persons doing training for BBP exposure control programs, but it is in the best interest of the employer to choose persons with knowledge in the subject matter that is required in the training. Examples of knowledgeable staff include nurses, nurse practitioners, infection control professionals, physician assistants, occupational health professionals, and emergency medical technicians. What constitutes an exposure to blood or other potentially infectious material OPIM? Any of the following is an exposure and should be given immediate medical attention: A puncture of the skin with a used needle, lancet, or other sharp item, whether or not there is visible blood or OPIM present. Splashes or sprays of blood or OPIM into the eyes, nose, or mouth. Contact with blood or OPIM onto an open wound, an oozing lesion, or other area where there is significant skin breakdown. What employer responsibilities are required by the BBP standard? Employers are required to implement the entire standard which includes but is not limited to: Get input from employees with occupational exposure on developing effective engineering and work practice controls. Determine job classifications and job tasks that have occupational exposure. Write and implement a written exposure control plan that includes engineering and work. Practice controls and use of PPE to minimize occupational exposure. Provide hand washing facilities readily available to employees ensure that employees wash hands immediately or as soon as feasible after removing gloves and after contact with blood and OPIM. Ensure that employees use PPE appropriately. Ensure that the worksite is clean and in sanitary condition. Provide for appropriate management of infectious waste. Use labels and signs to communicate hazards to employees. Make available hepatitis B vaccine and post-vaccination antibody testing. Provide post-exposure medical evaluation and follow-up. Keep medical and training records. What employee responsibilities are required by the BBP standard? Employers bear the entire responsibility of complying with the standard, but the tasks listed below need to be done properly by staff: Wear appropriate PPE for tasks and procedures in which occupational exposure may occur. Use and activate safety devices when handling needles and lancets. Dispose of infectious waste properly. Notify their supervisors immediately after they experience an exposure. Complete the required initial and annual training. Comply with all other aspects of the BBP exposure control plan. Do I need to wear gloves while administering immunizations? If exposure does not usually occur when giving immunizations, gloves are not necessary but workers may choose to wear gloves if they wish. Gloves should always be available in case of emergency situations that result in contact with blood

or OPIM. If gloves are worn, they should be removed after each client, and hand hygiene should be performed. How should gloves that were used in immunization clinics be discarded? Gloves and other PPE may be placed in regular plastic bags for disposal. If they are saturated or dripping with blood or OPIM, they should be placed in a red biohazard bag.

Chapter 3 : Bloodborne Pathogens, Child Care | Safeguard Classes Online

Knowing how to prevent exposure to bloodborne pathogens can make a critical difference in whether you find yourself protected or endangered by potential illnesses. If you are in a service-related job, or you just want to be prepared in the case of emergencies, consider taking a HeartSaver Bloodborne Pathogens course with ECPI University's.