

Bloodborne Pathogens / Orientation Hire

Employee Name: _____ Date: _____

This training module is designed to provide a basic understanding of bloodborne pathogens, common modes of their transmission, methods of prevention, and other pertinent information. This program is designed to meet the requirements of the Occupational Safety and Health Administration’s (OSHA’s) Bloodborne Pathogen Standard, 29 CFR 1910.1030

Bloodborne Diseases

Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. There are many different bloodborne pathogens including malaria, syphilis, and brucellosis, but Hepatitis B (HBV) and the Human Immunodeficiency Virus (HIV) are the two diseases specifically addressed by the OSHA Bloodborne Pathogen Standard.

While this module will focus primarily on HBV and HIV, it is important to know which bloodborne pathogens (from humans or animals) you may be exposed to at work, especially in laboratories. For example, personnel in a veterinary medicine school might have the potential for exposure to rabies, and it would therefore be important to know specific information about rabies.

Hepatitis B (HBV)

In the United States, approximately 300,000 people are infected with HBV annually. Of these cases, a small percentage are fatal.

“Hepatitis” means “inflammation of the liver,” and, as its name implies, Hepatitis B is a virus that infects the liver. While there are several different types of Hepatitis, Hepatitis B is transmitted primarily through “blood to blood” contact. Hepatitis B initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.

There is no cure or specific treatment for HBV, but many people who contract the disease will develop antibodies, which help them get over the infection and protect them from getting it again. It is important to note, however, that there are different kinds of hepatitis, so infection with HBV will not stop someone from getting another type.

The Hepatitis B virus is very durable, and it can survive in dried blood for up to 7 days. For this reason, this virus is the primary concern for employees such as housekeepers, custodians, laundry personnel and other

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employees who may come in contact with blood or potentially infectious materials in a non first-aid or medical care situation.

Symptoms:

The symptoms of HBV are very much like a mild flu. Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes), and a darkened urine will often occur. However, people who are infected with HBV will often show no symptoms for some time. After exposure it can take 1-9 months before symptoms become noticeable. Loss of appetite and stomach pain, for example, commonly appear within 1-3 months, but can occur as soon as 2 weeks or as long as 6-9 months after infection.

Human Immunodeficiency Virus (HIV)

AIDS, or acquired immune deficiency syndrome, is caused by a virus call the human immunodeficiency virus, or HIV. Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS was a fatal disease, but current treatments are improving the prognosis.

Estimates on the number of people infected with HIV vary, but some estimates suggest that an average of 35,000 people are infected every year in the US (in 2000, 45,000 new infections were reported). It is believed that as as of 2000, 920,000persons were living with HIV/AIDS in the United States. These numbers could be higher, as many people who are infected with HIV may be completely unaware of it.

The HIV virus is very fragile and will not survive very long outside of the human body. It is primarily of concern to employees providing first aide or medical care in situations involving fresh blood or other potentially infectious materials. It is estimated that the chances of contracting HIV in a workplace environment are only 0,4%. However, because it is such a devastating disease, all precautions must be taken to avoid exposure.

AIDS infection essentially occurs in three broad stages. The **first stage** happens when a person is actually infected with HIV. After the initial infection, a person may show few or no signs of illness for many years. Eventually, in the **second stage**, an individual may begin to suffer swollen lymph glands or other lesser disease, which begin to take advantage of the body's weakened immune system. The second stage is believed to eventually lead to AIDS, the **third and final stage**, in all cases. In this stage, the body becomes completely unable to fight off life-threatening disease and infections.

Symptoms:

Symptoms of HIV infection can vary, but often includes weakness, fever, sore throat, nausea, headaches, diarrhea, a white coating on the tongue, weight loss and swollen lymph glands.

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If you believe you have been exposed to HBV or HIV, especially if you have experienced any of the signs or symptoms of these diseases, you should consult your physician or doctor as soon as possible.

Modes of Transmission

“Bloodborne pathogens such as HBV and HIV can be transmitted through contact with infected human blood and other potentially infectious body fluids such as:

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva (in dental procedures), and
- Any body fluid that is visibly contaminated with blood

It is important to know the ways exposure and transmission are most likely to occur in your particular situation, be it providing first aid to a student in the classroom, handling blood samples in the laboratory or cleaning up blood in a home.

HBV and HIV are most commonly transmitted through:

- Sexual Contact
- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids

Accidental puncture from contaminated needles and other sharps can result in transmission of bloodborne pathogens.

In most work or laboratory situations, transmission is most likely to occur because of accidental puncture from contaminated needles, broken glass, or other sharps; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. For example if infected piece of glass, it is possible that you could contract the disease. Anytime there is blood-to-blood contact with infected blood or body fluids, there is a slight potential for transmission.

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Unbroken skin forms an impervious barrier against bloodborne pathogens. However, infected blood can enter your system through:

- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters.

Bloodborne pathogens may also be transmitted through the **mucous membranes** of the:

- Eyes
- Nose
- Mouth

For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

PPE, Work Practices & Engineering Controls

It is extremely important to use personal protective equipment and work practice controls to protect yourself from bloodborne pathogens.

“Standard Precautions” is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are in fact infectious regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, you treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall always be utilized in situations where exposure may occur.

Personal Protective Equipment

Probably the first thing to do in any situation where you may be exposed to bloodborne pathogens is to ensure you are wearing the appropriate personal protective equipment (PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals always wear protective gloves. This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin.

To protect yourself, it is essential to have a barrier between you and the potentially infectious material.

Rules to follow:

- Always wear personal protective equipment in exposure situations.
- Remove PPE that is torn or punctured, or has lost its ability to function as a barrier to bloodborne pathogens.
- Replace PPE that is torn or punctured
- Remove PPE before leaving the work area.

If you work in an area with routine exposure to blood or potentially infectious materials, the necessary PPE should be readily accessible. Contaminated gloves, clothing, PPE, or other materials should be placed in appropriately labeled bags or containers until it is disposed of, decontaminated, or laundered. It is important to find out where these bags or containers are located in your work area prior to beginning the procedure.



Gloves

Gloves should be made of water impervious materials. If glove

Gloves should be made of

material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning your gloves. You should always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, don't use it! When taking

contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them, either. Pulling the glove so that it folds into itself; that is the inside of the glove becomes the outside, is a good way to protect your skin from contamination.

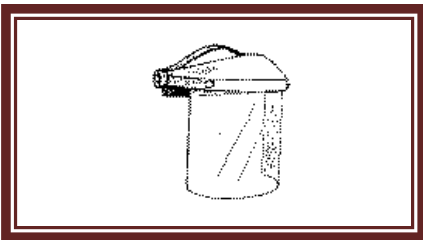
ALWAYS CHECK YOUR GLOVES FOR DAMAGE BEFORE USING THEM!





Goggles

Anytime there is a risk of splashing or vaporization of contaminated Fluids, goggles and/or other eye protection should be used to protect your eyes. Again, bloodborne pathogens can be transmitted through the thin membranes of the eyes so it is important to protect them. Splashing could occur while cleaning up a spill, during laboratory procedures, or while providing first aid or medical assistance.



Face Shields

Face shields may be worn in addition to goggles to provide additional face protection. A face shield will protect against splashes to the nose and mouth.

Aprons

Aprons may be worn to protect your clothing and to keep blood or other contaminated fluids from soaking through to you skin.

Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth to come into contact with the skin. Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is disposed of or laundered.

Remember to use standard precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact whenever possible, and whenever it's not, wear personal protective equipment. If you find yourself in a situation where you have to come in contact with blood or other body fluids and you don't have any standard personal protective equipment handy, you can improvise. Use a towel, plastic bag, or some other barrier to help avoid direct contact



Hygiene Practices

Handwashing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.

Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.

Because handwashing is so important, you should familiarize yourself with the location of the handwashing facilities nearest to you. Laboratory sinks, public restrooms, janitor closets, and so forth may be used for and washing if they are normally supplied with soap. If you are working in an area without access to such facilities, you may use an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as possible.

If you are working in an area where there is a reasonable likelihood of exposure, you should never:

- **Eat**
- **Drink**
- **Smoke**
- **Apply cosmetics or lip balm**
- **Handle contact lenses**

No food or drink should be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or potentially infectious materials are present.

You should also try to minimize the amount of splashing, spraying, splattering, and generation of droplets when performing any procedures involving blood or potentially infectious materials, and you should never pipette or suction these materials by mouth.

Decontamination

Decontamination should be accomplished by using:

- A solution of 5.25% household bleach/Clorox diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.
- Lysol or some other EPA registered tuberculocidal disinfectant. Follow the manufacturer's directions.

If you are cleaning up a spill of blood, you can carefully cover the spill with paper towels or rags and leave it for at least 10 minutes. This will help ensure that any bloodborne pathogens are killed before you actually begin cleaning or wiping the material up. By covering the spill with paper towels or rags, you decrease the chances of causing a splash when you pour the bleach on it.

If you are decontaminating equipment or other objects leave the disinfectant in place for at least 10 minutes before continuing the cleaning process.

Of course any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.

Sharps

Far too frequently, housekeepers, custodians and other are punctured or cut by improperly dispose needles and broken glass. course, exposes them to whatever infectious material may have been glass or needle. For this reason, it is especially important to handle dispose of all sharps carefully in order to protecy yourself as well as



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Needles must be dispose in sharps

Containers or impervious thick plastic

Jugs such as empty bleach or liquid

Detergent bottles labeled biohazardous.

Improperly disposed needles are always

a safety risk!

Needles

- Needles should never be recapped.
- Needles should be moved only by using a mechanical device or tool such as forceps, pliers, or broom and dustpan.
- Never break or shear needles.

Emergency Procedures

In an emergency situation involving blood or potentially infectious materials, you should always use **Standard Precautions** and try to minimize your exposure by wearing gloves, splash goggles, pocket mouth-to-mouth resuscitation masks, and other barrier devices.

If you are exposed, however, you should:

1. Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap if possible.
2. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
3. Report the exposure to your supervisor as soon as possible.
4. Fill out an incident report form. This form will be kept in your personnel file for 40 years so that you can document workplace exposure to hazardous substances. This report is available from your supervisor or from OSU HIS.
5. Blood testing will be provided at no charge to the employee as recommended by CDC.

Hepatitis B Vaccinations

Employees who have routine exposure to bloodborne pathogens (such as doctors, nurses, first aid responders, etc) shall be offered the Hepatitis B vaccine series at no cost to themselves **unless**:

- They have previously received the vaccine series
- Antibody testing has revealed they are immune
- The vaccine is contraindicated for medical reasons.

In these cases they need not be offered the series.

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Although your employer must offer the vaccine to you, you do not have to accept that offer. You may opt to **decline** the vaccination series, in which case you will be asked to sign a declination form. Even if you decline the initial offer, you may choose to receive the series at anytime during your employment thereafter, for example, if you are exposed on the job at a later date.

As stated in the Emergency Procedures section, if you are exposed to blood or potentially infectious materials on the job, you may request a Hepatitis B vaccination at that time. If the vaccine is administered immediately after exposure it is extremely effective at preventing the disease.

The Hepatitis B vaccination is given in a series of three shots. The second shot is given one month after the first, and the third shot follows five months after the second. This series gradually builds up the body's immunity to the Hepatitis B virus.

The vaccine itself is made from yeast cultures, there is no danger of contracting the disease from getting the shots, and, once vaccinated, a person does not need to receive the series again. There are booster shots available, however, and in some instances these may be recommended (for example, if there is an outbreak of Hepatitis B at a particular location).

This is the end of the Bloodborne Pathogens Training Module. To receive credit for this training, take the Quiz on the following page.