Could You Contract a Disease at Work?

- Administering first aid?
- Cleaning the restrooms?
- Using an item covered with dried blood?
- A co-worker sneezes on you?
- Administering vaccinations?
- Working with clients?
Bloodborne Pathogens

• Pathogenic microorganisms present in human blood that can lead to diseases

• Human Immunodeficiency Virus (HIV)

• Hepatitis B (HBV)
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
• Saliva, tears, sweat
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.

Hepatitis B (HBV)
Potentially Infectious Bodily Fluids

- Blood
- Saliva, vomit, urine
- Semen or vaginal secretions
- Skin, tissue, cell cultures
- Other body fluids
Potential Transmission

Contact with another person’s blood or bodily fluid that may contain blood

Mucous membranes: eyes, mouth, nose

Non-intact skin

Contaminated sharps/needles
Potential Exposure

- Employee injury/accident
- Administering first aid
- Post injury/accident cleanup
- Janitorial or maintenance work
- Using an item covered with dried blood?
- A co-worker sneezes on you?
- Administering vaccinations?
- Working with clients?
- Working with incarcerated people?
Who Must be Trained

- All employees with occupational exposure to blood or other potentially infectious material (OPIM)
- Employees who are trained in first aid and CPR
- Janitorial staff
- Health and Human Services employees
- Sheriff’s Department employees
Treat all blood and bodily fluids as if they are contaminated

Proper cleanup and decontamination
Protective Equipment

Bleeding control - gloves

Spurting blood - gloves, protective clothing (smocks or aprons), respiratory mask, eye/face protection (goggles, glasses, or face shield)

Post accident cleanup - gloves

Janitorial work - gloves
Decontamination

- Wear protective gloves

- Disinfectant/cleaner provided in bodily fluid disposal kit

- Solution of 1/4 cup bleach per gallon of water

- Properly dispose of contaminated PPE, towels, rags
Safe Work Practices

- Remove contaminated PPE or clothing as soon as possible
- Clean and disinfect contaminated equipment and work surfaces
- Thoroughly wash up immediately after exposure
- Properly dispose of contaminated items
Labels must include the universal biohazard symbol, and the term “Biohazard” must be attached to:

- Containers of regulated biohazard waste
- Refrigerators or freezers containing blood or OPIM
- Containers used to store, transport, or ship blood or OPIM
Hepatitis B Vaccination

- Strongly endorsed by medical communities
- Shown to be safe for infants, children, and adults
- Offered to all potentially exposed employees
- Provided at no cost to employees
- Declination form
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 individual’s blood (with their consent)
- Provide results to exposed employee
Summary

- Universal precautions
- PPE and safe work practices
- Decontamination
- Exposure incident
EXPOSED EMPLOYEE CONSENT/DECLINATION FORM

Employee Name: ___________________________________________________ Employee Number: ______

Facility: ___________________________________________________ Department: ______________

**BLOOD-BORNE PATHOGENS**

I understand that my job duties with Itasca County may place me at risk of exposure to blood-borne disease. I have been informed about the routes of transmission of Hepatitis B Virus (HPV). I know about the Itasca County Infection Control Program, and I understand what to do if I am exposed to blood-borne disease on the job.

I understand that Hepatitis B vaccinations are available to me, without cost, and I choose the following:

**HEPATITIS B VACCINE CONSENT**

I consent to administration of Hepatitis B vaccine. I understand that my employer is not responsible for any reactions caused by the vaccination(s).

Employee Signature: ___________________________ Date: ______________

**HEPATITIS B VACCINE DECLINATION**

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 (HPV) infections. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine at no charge to me. However, I decline Hepatitis B vaccination 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.

Employee Signature: ___________________________ Date: ______________
• The purpose of the bloodborne pathogens (BBP) exposure control written plan is to:
  – Minimize employee occupational exposure to blood or certain body fluids
  – Distribute copies of written plan
  – Comply with OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030,
    • Complete Standard available from Risk Manager/Safety Officer
QUESTIONS
HANDS ON PRACTICE