

Bloodborne Pathogens Training

Colchester School District



Exposure Control Plan

- Defines who is at risk
- Outlines procedures to minimize or eliminate exposures to blood-borne diseases
- Procedures to follow in event of exposure



Who is covered?

- Anyone who can anticipate coming in contact with blood or body fluids while at work.
- The school system is required to identify personnel whose job duties may expose them to blood or body fluids.
- Everyone is required to receive information on the dangers of exposure.

Bloodborne Pathogens

What are they?

- Infectious materials in human blood and body fluids that can cause disease in humans.
- Exposure can result in serious illness or death.

Who is at risk?

- Anyone who comes in contact with human blood or body fluids.
- Anyone who touches potentially contaminated surfaces or equipment.

Workplace Transmission



- Blood
- Body Fluids containing visible blood
- Semen and vaginal secretions
- Torn or loose skin

Not infectious for blood borne pathogens

- Feces
- Urine
- Tears
- Saliva



- Vomitus
- Sputum
- Sweat

** unless visible blood

Workplace Transmission

- Accidental Injury
 - Broken Glass
 - Sharp metal
 - Needles
 - Knives
 - Orthodontic wires that are exposed

How do blood borne pathogens enter your body?

- Indirect Transmission
 - Open cuts and nicks
 - Skin abrasions
 - Dermatitis
 - Acne
 - Mucous membranes of eyes, nose or mouth



Standard Precautions

- Treat all blood and body fluids as potentially infectious.
- Critical because it is impossible to tell who is infected with HBV or HIV by appearances.
- Many have no knowledge or symptoms of their disease.



Reducing Your Risk of Exposure

Personal protective equipment

- Gloves, mask, gown, lab coat, face shield, protective eye wear
- Engineering controls
- Housekeeping
- Hepatitis B vaccine





PPE Selection Based on Anticipated Exposure

- Gloves- any time contact with blood or other body fluids may occur
- Masks and eye protection- if there is any chance of splashing into the mouth nose or eyes
- Gowns/lab coats, shoe covers- risk of splattering or spilling on clothes or skin



Engineering Controls

- Devices that reduce employee risk by isolating or removing the hazard

Examples:

Sharps containers

Safety medical devices

Biosafety cabinets

Negative pressure rooms



Work Practice Controls

- Depends on you!
- Examples- proper handwashing,
getting Hep B vaccine



proper handling of sharps
proper disposal of infectious
waste
wearing appropriate PPE

Work Practice Controls

- Handwashing- Single most important means of preventing the spread of infection

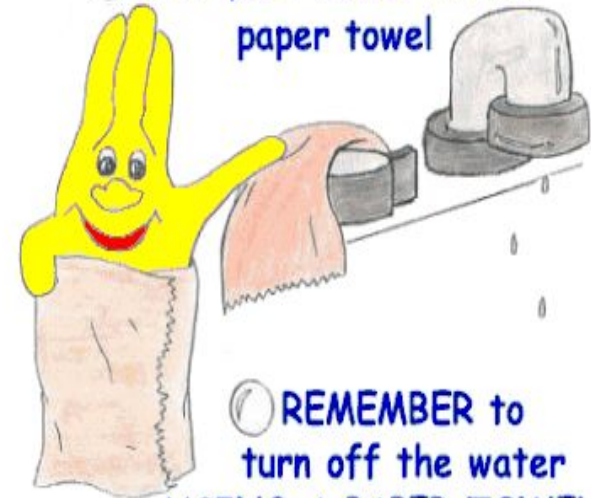


* Waterless hand cleaner-only if no soap and water available!

RINSE WELL



DRY your hands with a paper towel



REMEMBER to turn off the water USING A PAPER TOWEL INSTEAD OF YOUR HANDS



When to wash hands

- Before and after touching someone or something potentially infectious
- After removing gloves
- After handling potentially infectious material
- After using the bathroom
- Before eating, smoking, applying cosmetics, handling contact lens



Personal Hygiene

- Minimize spattering, spraying and splashing when attending to an injured person.
- Don't eat, drink, smoke, apply cosmetics or lip balm or handle contacts where there is a risk for exposure.
- Don't keep food and drink in refrigerators, freezers or countertops where blood or other infectious materials are present.

UTION CAUTION CAUTION CAUTION CAUTION



Biohazardous Waste Disposal

- Discard contaminated sharps in approved sharps containers
- Discard all other infectious material in red biohazard trash bags
- Picked up by biohazard waste technicians
- Incinerated



International Biohazardous Waste Symbol



Housekeeping/Decontamination

- Disinfect equipment and surfaces with approved disinfectant (Dispatch, 10% bleach solution, Saniwipes) when..
 - Surfaces become contaminated
 - At the end of the work shift
 - there is any spill of blood or other potentially infectious material (OPIM)



Blood Spill Procedure

- Prevent accidental exposure to others
- Wear appropriate PPE
- Absorb spill (paper towels or biohazard spill kit)
- Spray Dispatch or bleach solution, set for 10 min. or air dry
- Dispose of all cleaning materials and PPE in biohazard trash bag



Bloodborne Pathogens of Concern

- Hepatitis B
- Hepatitis C
- HIV/AIDS



Hepatitis B

- Infection of the liver
- Can lead to cirrhosis, liver cancer and death
- 20% risk of infection with a contaminated sharp
- Virus can survive in dried blood up to 7 days



Symptoms of Hepatitis B



- Fatigue
- Loss of appetite, nausea
- Jaundice (yellowing of skin and eyes)
- Fever
- Abdominal pain, joint pain
- 30% have no symptoms
- Preventable





Hepatitis B Vaccine

- Recommended for all high risk groups
- Free- provided by employee health
- Safe
- 3 shots- initial , 1mo., 6mo.
- Life long immunity
- Decline- must sign OSHA waiver



Hepatitis C

- Most common chronic blood borne infection in US
- Causes liver damage, cirrhosis and liver cancer
- Leading reason for liver transplants
- 2% risk of infection by contaminated sharp

Symptoms of Hepatitis C

- Same as Hepatitis B
- May occur within 2 weeks to many years
- 85% don't know they are infected

Hepatitis C Vaccine

- **There is NO vaccine and NO cure for Hepatitis C!**
- There are 50,000 needlesticks annually related to HCV infected patients



Major Risk Factors for Hepatitis B and C

- Sexual activity with multiple partners
- IV drug use
- Hep B- neonatal transmission
- Hep C- blood transfusion prior to 1990
 - small risk- tattooing, body shared nasal



HIV/AIDS

- Attacks the body's immune system
- Unable to fight off other infections
- No vaccine and no cure
- 6,000 new infections every day

Symptoms of HIV

- Mild flu-like symptoms initially (fever, swollen glands)
- May be free of symptoms for months to many years
- Eventually leads to AIDS and death



HIV Transmission

- High risk sexual activity and IV drug abuse account for 80%



- Neonatal

- Accidental occupational exposure



Chances of Infection

- If you are exposed to HIV infected blood/body fluids by:
 - A dirty needle/sharp: 3 in 1000 (0.3%)
 - Mucous membrane splash: 1 in 1000 (0.1%)
 - Non intact skin: 1 in 1000 (0.1%)
 - Prompt antiviral treatment after exposure can reduce risk of infection by 60 – 80%

What if I am exposed?

- Wash with soap and water
- Splash to mucous membranes- rinse or flush with water for 15 min.
- Have source of infection remain available



Who needs to know?



Contact:

Principal

Human Resources Department

Follow guidelines found in your Exposure
Control Plan

Post Exposure Follow Up

- Complete appropriate forms referenced in your school's exposure control plan
- Confidentiality is maintained



Bloodborne Pathogens for Schools

- As a school employee you must react to emergencies not only with your heart but with your head. Know the facts and take precautions to protect yourself. Students, co-workers and loved ones are counting on you!