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!
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.
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?

• Have source of infection remain available.

• Splash to mucous membranes - rinse or flush with water for 15 min.

• Wash with soap and water.
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!