Health Service Bloodborne Pathogen Training

In Accordance with PESHA (and OSHA) regulations, all employees of the College Health Service are required to have annual training concerning Bloodborne Pathogens.

Training will be done by the Director of Health Services. Employees will certify that training was done and certification forms will be kept on file by the office of Occupational Health and Safety.

Annual Training Objectives:

The Participant will be able to:

1. Identify the location of the regulatory text
2. Define Bloodborne Pathogens including epidemiology
3. Discuss s/s of specific diseases (i.e.: AIDS and Hepatitis B)
4. Discuss how Bloodborne Pathogens are transmitted
5. Discuss “Universal Precautions”
6. Describe Safe Work Practices/Procedures
7. Discuss Use of Personal Protective Equipment
8. Identify college personnel responsible for various aspects of various aspects of the Standard
9. Describe Biohazard signs and discuss their meaning
10. Discuss the Hudson Valley Community College Health Service Exposure Control Plan
11. Explain the Hepatitis B Vaccination Program
12. Discuss appropriate reaction to exposure incidents
13. Discuss Post-exposure evaluation and follow-up
Hudson Valley Community College

College Health Service
Bloodborne Pathogen Training
Updated 2004
Purpose

• The purpose of this training about the Bloodborne Pathogen Exposure Control Plan at Hudson Valley Community College is to protect employees from exposure to bloodborne pathogens. Pathogens included in this training are those that are causative agents of Hepatitis B, Hepatitis C, HIV.
Objective of Plan

• To protect employees from infection by one of these organisms by:
  – Educating HVCC staff about the causative agents of Hepatitis B, Hepatitis C and HIV.
  – Providing Personal Protective Equipment to employees.
  – Maintaining appropriate Engineering and Work Practice Controls.
What are Bloodborne Pathogens?

- Bloodborne pathogens are microorganisms that cause disease and are spread from one person to another by contact with human blood or other body fluids.
HIV

• HIV stands for Human Immunodeficiency Virus which is the causative agent for AIDS. A person can be infected with HIV for several weeks or more before showing any symptoms.
Symptoms Of HIV Infection.

• Initial symptoms of HIV are flu-like symptoms such as achy muscles and joints, a feeling of being very tired or having no energy (malaise) and a low grade fever.
Hepatitis B

- Hepatitis B is an infection of the liver that is caused by the Hepatitis B virus. It can be a dangerous and debilitating disease.
Symptoms of Hepatitis B

- Symptoms of Hepatitis B are much like those of HIV and include low grade fever, malaise, and general flu-like symptoms but in addition may include jaundice.
- Complications of Hepatitis B include chronic infection and possible liver failure.
Hepatitis C

• Hepatitis C is an infection of the liver which is caused by a virus that is different from the Hepatitis B Virus.
• Symptoms of Hepatitis B and C are very much alike.
• Complications of Hepatitis C include liver failure and Cancer of the liver.
Activities Leading to Possible Exposure

- Physical Exam (including rectal and vaginal exams)
- Slide Evaluation
- Wound Care
- Drawing Blood
- Catheter care
- Caring for those with vomiting or bowel incontinence
Activities with low risk of exposure

- Patient interviews
- Treatment of sprains and strains
- Treatment of contusions without abrasion
- Giving injections
Staff at Risk

- All professional staff, including nurses, midlevel providers, and physicians are at risk for exposure.
Staff not at Risk

• Staff not at risk include clerical staff and data entry staff.
Prevention of Bloodborne Infection

- Prevention is accomplished in four ways:
  - Education
  - Personal Protective Equipment
  - Engineering and Work Practice Controls
  - Housekeeping
  - Vaccination (Hepatitis B)
Engineering and Work Practice Controls

- Handwashing
- Contaminated Sharps
- Needle recapping and removal
- Limited areas for eating, drinking and applying cosmetics.
- Lab specimen transport
- Labeling
Hand Washing

• Employees must wash hands with soap and water immediately after removing gloves.
• Exposure to body fluids requires immediate washing of the part exposed with soap and water and/or flushing of any mucous membranes.
Contaminated Sharps

• Contaminated sharps are not to be bent, recapped or removed.
• If recapping is unavoidable, a one handed method should be used.
• Contaminated sharps must be placed in a sharps container immediately after use.
Lab Safety

• Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in lab and other areas where exposure to body fluids is possible.

• Food and drink are not to be kept in the lab refrigerator or other areas where body fluids may be present.
Lab Safety (Continued)

- All procedures involving blood or body fluids shall be performed in a manner that will minimize splashing, spraying, splattering, and generation of droplets of these substances.
- All specimens will be placed in leak-proof containers.
Lab Safety (Continued)

• Contaminated equipment must be labeled as such until the equipment is decontaminated.

• The College Environmental Health and Safety Officer will be notified of any contamination of equipment.
Personal Protective Equipment

- Health Service Personal Protective equipment includes:
  - Lab Coats
  - Protective lenses
  - Face shields
  - Latex or non-latex gloves
Lab Coats

- Lab coats are made of material which does not permit blood or other potentially infectious materials to pass through or to reach street clothes or skin, Lab Coats should be worn at all times when it is reasonable to expect exposure to body fluids on street clothes is possible and must be changed when soiled.
Laundry

• Any lab coats in need of repair or replacement should be brought to the attention of the Director or the laundry service

• All lab coats to be laundered should be placed in the red bags provided by the laundry company.
Gloves

- Single use latex gloves are supplied for Health Service to use in the event that it is reasonable to expect that the employee may have hand contact with potentially infectious body fluids.
- If the employee has an allergy to latex gloves of another type will be provided.
Gloves (Continued)

• Used gloves must be replaced as soon as contaminated or torn or punctured or any time their ability to function as a barrier is compromised.

• Gloves are not to be washed or decontaminated for reuse.

• Used gloves are to be disposed of in containers clearly marked “Biohazard”.
Masks and Eye Protection

• Face and/or Eye protection equipment must be worn when contamination of those areas is reasonably anticipated.
Housekeeping

• All areas are to be maintained in a clean and sanitary condition.
• All equipment and working surfaces are to be cleaned after a spill and each evening with appropriate cleaning solution.
• Broken contaminated glassware will be cleaned up by mechanical means.
Vaccination

• The CDC reports that in serologic studies conducted in the United States during the 1970s, Health Care Providers (HCP) had a prevalence of HBV infection approximately 10 times higher than the general population. Because of the high risk of HBV infection among HCP, routine pre-exposure vaccination of HCP against HBV is recommended.
Vaccination

- Vaccination is available for Hepatitis B.
- Vaccine efficacy is reported to be very high.
- The immunization is given 0-1-6 months.
Side Effects to Vaccination

• 45 reports of hair loss (some children) have been reported. In two thirds of the cases the hair loss was temporary.
• 1 in 600,000 had an anaphylactic reaction.
• The Hepatitis B vaccination programs in Taiwan, Alaska and New Zealand have observed no association between vaccination and the occurrence of serious adverse events.
Side effects (Continued)

• However, according to the CDC, several case reports and case series have claimed an association between Hepatitis B and other such syndromes and diseases as Multiple sclerosis, optic neuritis, rheumatoid arthritis and other autoimmune diseases. Most of these have been reported in adults.
• Reviews by international panels of experts have concluded that available data do not demonstrate a causal association between hepatitis B vaccine and demyelinating diseases, including multiple sclerosis.
Exposure

• The CDC has defined exposure for healthcare personnel (HCP) as “a percutaneous injury (e.g., a needle stick or cut with a sharp object or contact of mucous membrane or non-intact skin) (e.g., exposed skin that is chapped, abraded or afflicted with dermatitis) with blood, tissue or other body fluids that are potentially infectious.”
Exposure (continued)

• The CDC Continues “In addition to blood and body fluids containing visible blood, semen and vaginal secretions have been implicated in the sexual transmission of HBV, HCV, and HIV, they have not been implicated in occupational transmission from patients to HCP”.
Exposure (Continued)

• According to the CDC, “Cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid are considered potentially infectious but the risk of transmission of HBV, HCV, HIV, infection from these fluids is unknown”.
Exposure (Continued)

• The CDC also states, “Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomit are not considered potentially infectious unless they contain blood. The risk for transmission from HBV, HCV, and HIV infection from these fluids and materials is extremely low”.
Exposure (Continued)

• Concerning human bites, the CDC reports that “the clinical evaluation must include the possibility that both the person bitten and the person who inflicted the bite were exposed to bloodborne pathogens. Transmission of HBV and/or HIV infection only rarely has been reported by this route”.
Post Exposure Report

• The report will contain:
  1. Route of exposure
  2. Circumstances of exposure
  3. Name of source individual
Post Exposure Employee Information

• The employee/student will be informed of the following:
  1. Medical complications of HBV and HIV
  2. Serological testing and post-exposure prophylaxis will be explained.
Post-Exposure Baseline

- If the employee/student consents to baseline blood collection, the College Health Service will refer the employee to Samaritan Hospital employee health (or ER after hours) as soon as possible. The person should arrive at the hospital within 2 hours but within 24 hours is acceptable. HVCC will call and inform Samaritan the employee/student is coming.
Post-Exposure Baseline (continued)

• If the employee/student consents to baseline blood collection, but not HIV serologic testing the sample will be preserved by Northeast Health for at least 90 days. If, within 90 days of the incident the employee/student elects to have the baseline sample tested, AMC will test the blood as soon as possible.
Post-Exposure Transportation

- If the employee/student has no transportation to Samaritan Hospital, the college will pay for taxi transportation. Black and White cab service will be used and the cab slip will clearly indicate EMPLOYEE when an employee is sent.
Post-Exposure Accompanying Documents

- The College Health service will send the following documents with the employee/student to Samaritan Hospital:
  2. A copy of the accident report.
  3. A record of the employee’s vaccination status.
Post-Exposure Source Individual

• In order to save time and direct the exposed to the hospital as soon as possible, Samaritan hospital will obtain consent from the source individual for a test in order to determine HBV and HIV infectivity.
Source Individual (Continued)

- If consent is not obtained, the Northeast Health will establish that legally required consent cannot be obtained and record such information on the accident report and treatment sheet.
- If the source individual is already known to be infected with HBV or HIV, testing for the source individual’s known status need not be repeated.
Source Individual (Continued)

- Upon permission from the source individual, Samaritan will make available to the exposed employee/student the results of the source individual’s testing and the employee/student will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
Written Opinion

• The College Health Service will obtain and provide the employee/student with a copy of the Samaritan written opinion within 15 days of the completion of the evaluation.

• Such opinion for Hepatitis B will be limited to whether Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination.
The opinion for Post-exposure evaluation and follow-up will be limited to the following information:

- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- Everything else will remain confidential.
Medical Recordkeeping

• The College Health Service will arrange with Northeast Health to maintain an accurate record for each employee with occupational exposure with 29 CFR 1030 (h) (1) and 29 CFR 1910. 1020.
Medical Record Keeping

- An Accident report should be completed for every exposure.
- All sharps injury should be noted in the sharps log.
- The Director of Health Services must be informed of all exposures and if a student is exposed his/her Department Chair should be notified.