Appleton Area School District
Bloodborne Pathogens
Initial Training Program

Employee Safety Training Module
October 29, 2013
Bloodborne Pathogen training is required of you because your job duties may expose you to infectious diseases that are carried in blood or other bodily fluids.

This training is designed to make you aware of the hazards of bloodborne pathogens and to teach you how to eliminate or minimize your exposure.

Download and Read the Policy!
Bloodborne Pathogens

“All Wisconsin school districts are expected to develop and implement an Exposure Control Plan to prevent and minimize employee exposure to bloodborne pathogens.” - WI Dept. of Public Instruction

• If blood and other bodily fluids are not managed carefully, they can spread disease from person to person.

• AASD evaluates all job positions to determine which employees may be exposed to bloodborne pathogens.

• Any employee who could potentially be exposed to bloodborne pathogens will be trained to know how to limit their exposure and to protect their health.
AASD’s Exposure Control Plan was developed to protect employees and to comply with:

- Wisconsin Department of Safety & Professional Services - Statute 101.055
- The U.S. Department of Labor’s OSHA 29 CFR Part 1910.1030
Standard Requirements

Topics Covered In This Training Module-

1. The Exposure Control Plan - Defines Jobs, Exposure, Protection Methods & Training
2. Good Samaritan
3. Universal Precautions
4. Warning Signs, Labels and Containers
5. How Disease is Spread
6. Hepatitis and Hepatitis Vaccinations
7. HIV/AIDS
8. Engineering Controls & Work Practices
9. Personal Protective Equipment (PPE)
10. Housekeeping & Laundry
12. Exposure Responses & Prophylaxis
13. Recordkeeping & Reporting
14. Regulated Waste Management & Sharps
AASD has developed an Exposure Control Plan to protect the health and safety of employees by eliminating or minimizing on-the-job exposure to bloodborne pathogens.

The plan does not apply to student-to-student contact with potentially infectious materials.
There are a variety of ways in which infectious disease can be spread. AASD’s Exposure Control Plan is designed to address only those diseases transmitted by blood or other potentially infectious materials (OPIM).

For the purposes of this plan, OPIM do not include airborne or vector transmitted diseases.
Regulated Wastes

Regulated Wastes include:

- Liquid or semi-liquid blood or other potentially infectious material (OPIM)
- Contaminated items that can release blood or OPIM if compressed (Example: bandages or absorbent towels)
- Items caked with blood or OPIM if they can be released during handling
- Contaminated sharps and needles
- Pathological and microbiological wastes containing blood or OPIM

Regulated Waste must be placed in labeled containers and be disposed of according to Wisconsin Department of Natural Resources regulations (NR 526-Medical Waste Management)
The Exposure Control Plan includes “Universal Precautions”. This means that all blood or other potentially contaminated bodily fluids are assumed to be infectious until determined otherwise.

Exposure Determinations- Every job classification at AASD is evaluated for the likelihood of exposure to bloodborne pathogens. If it is determined that the duties of a particular position expose employees to hazards, the person in that position will be trained and provided with access to personal protective equipment.
The Exposure Control Plan is reviewed annually and updated to reflect changes in tasks, procedures, or employee classifications associated with occupational exposures.

The Plan defines the responsibilities of all AASD employees.
The plan is accessible to employees and will be made available to anyone upon request.

The first copy of the Plan that an employee requests will be provided within 15 days at no charge.

Ask your supervisor for a copy of the Exposure Control Plan or download it from the district’s safety website.

Read the Plan. Ask questions if it is not clear. Use the information and equipment that is issued to you.
“Good Samaritans” are people who volunteer to help another person. Volunteering is a personal decision and that activity is not a part of one’s assigned job duties.

“Good Samaritan" deeds are not covered by the standard or Exposure Control Plan. Only an employee trained in first aid and designated by the employer as responsible for rendering medical assistance or clean-up as part of his/her job duties, is covered by the requirements of the standard and Exposure Control Plan.

Example: Either may attend to a nosebleed but one is volunteering and for the other it is an assigned duty.
Universal Precautions are based on the concept that ALL HUMAN BLOOD AND CERTAIN BODILY FLUIDS are to be treated as if they are known to be infected with HIV/HBV or another bloodborne pathogen.

Infectious diseases affect:

- All age groups
- Every socioeconomic class
- Every state and territory
- Rural, urban and suburban areas
Practices to Limit Exposure

- Hand washing facilities must be made available and used.

- If not feasible or available, your employer may provide you with hand cleanser and clean towels or an antiseptic towelette.

- Hands must be washed immediately or as soon as feasible after taking off gloves or other PPE, following contact with blood or other potentially infectious materials.

- It is also wise to flush mucous membranes with water if they were exposed: nose, mouth, eyes.
The following acts are prohibited in areas where there is a “reasonable likelihood” of occupational exposure:

- Eating
- Drinking
- Smoking
- Application of cosmetics or lip balm
- Handling of contact lenses

Food and drinks must not be placed in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood or other potentially infectious materials may be present.
It is helpful to recognize the signs and labels that designate a waste as a biohazard in general, or a bloodborne pathogen in specific. Below are some examples:
If you know or suspect that waste may be infected with blood or other potentially infectious materials (OPIM), the waste must be containerized and labeled as a biohazard so others will also recognize the potential for infection:

The waste may include bodily fluids, towels, absorbents, used gloves, bandages, sharps, or any other waste contaminated with blood or OPIM.
Disease causing bloodborne pathogens can be spread from person to person. The Exposure Control Plan defines ways to limit an employee’s exposure through awareness, the use of protective equipment, vaccinations, personal practices, area cleaning and follow-up care. Next we will discuss:

- Sources of infection
- Bodily fluids which transmit infection
- Risk factors
- Types of bloodborne pathogens
How is Infection Spread?

First, you must have a source of contamination. This may be:

- A sick person (dead or alive)
- A diseased animal
- Disease containing body tissue, body parts
- Disease containing blood, bodily fluids
- Contaminated bandages, syringes, sharps, broken glass or plastic
- Contaminated waste, such as paper towels, cloth towels, facial tissues, absorbents, gauze, clothing
- Other potentially infection materials (OPIM)
Second, you must have a route of entry into your body:

- A cut, wound, abrasion, or opening in the skin
- Mucous linings such as eyes, nose, mouth
- Puncture wounds
- Splatter of blood, saliva, etc.
- Ingestion - handling food, drink or cigarettes that have picked up contamination
- Needle stick, sharps
- Dermatitis and acne
- Any opening in the skin

A physician must determine and certify in writing that a significant exposure has occurred.
Indirect transmission can occur when you touch or handle a contaminated object or surface and then touch your:
- Mouth, eyes, nose
- Open skin

Contaminated surfaces are a major cause of the spread of hepatitis. HBV can survive for at least one week outside of the human body.
A source individual is any person, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Examples include:

- Hospital and Clinic Patients
- Developmentally Disabled Patients
- Trauma Victims
- Drug and Alcohol Treatment Clients
- Hospice and Nursing Home Residents
- Human Remains
- Blood or Organ Donors
If a source individual has tested positive for infectious disease:

- The results of a source individual’s medical tests must be made available to an exposed employee. You have a right to know what you were exposed to.

- Employees must be informed of laws concerning disclosure of the source individual’s identity and infectious status.

- An exposed employee’s blood must be collected as soon as possible after exposure, but after consent is given.

- If the employee consults to sampling, the sample must be held for 90 days and tested if employee changes their mind.
Infectious Bodily Fluids

- All Blood & plasma
- Cerebrospinal fluid (brain)
- Tears (tear ducts)
- Sinus (nasal)
- Saliva (mouth)
- Synovial fluid (cartilage joints)
- Pleural fluid (lungs)
- Pericardial fluid (heart)
- Peritoneal fluid (abdominal)
- Seminal fluid (semen)
- Vaginal secretions (vagina)
- Amniotic fluid (water bag- pregnancy)
- Breast milk
- Open sores
- Any bodily fluid visibly contaminated with blood
- All bodily fluids that are possibly contaminated with blood

Urine, feces and vomit are not considered infectious unless contaminated with blood.
Other Sources of Infection

- Unfixed tissues or organs other than intact skin from humans (dead or alive)
- Tissue, cell or organ cultures and mediums
- Organs or other tissues from infected animals
- Saliva from dental procedures
- Cadavers
Potential Exposure

- Maintenance activities
- Medical and dental procedures
- Laboratory operations
- Laundry operations
- Rendering first-aid
- Criminal investigations
- Autopsies
- Housekeeping
- Any task in which the potential exists for contact with blood, bodily fluids or other potentially infectious materials and objects contaminated with the same
Pathogen Risk Factors

People who are exposed to the blood or bodily fluids of an infected person are at risk. You may also be at risk if you:

- Work in first aid or emergency response, as a funeral director, police personnel, dentist, dental assistant, or medical personnel
- Live in the same household with an infected person
- Have sex with a carrier or chronically infected person
- Use intravenous drugs
- Have more than one sex partner
- Received a blood transfusion prior to 1975 (when a test to screen blood was developed)
- Have hemophilia
- Work or are a patient in a health or long term care facility
- Work or are incarcerated in a prison or jail
- Travel to countries with a high incidence of hepatitis B or HIV
There are many infectious diseases which circulate in the blood or bodily fluids:

- Syphilis
- Malaria
- Babesiosis
- HLTV-1
- Arborvial Infections
- Relapsing Fever
- Viral Hemorrhagic Fever
- Creutzfeldt - Jakob Disease
- Leptospirosis
- Brucellosis

There are 5 classes of hepatitis infection. Hepatitis B is the most prevalent type.
There are 3 Regulated Classes of bloodborne pathogens addressed in the Exposure Control Plan (ECP):

- Hepatitis B Virus (HBV)
- Human Immunodeficiency Virus (HIV)
- Other infectious agents that are contained in:
  - Blood
  - Bodily fluids
  - Other potentially infectious materials (OPIM)
Hepatitis B is a virus that causes the liver to become inflamed. The build up of cirrhosis causes the liver to become hard and bumpy and inhibits the blood flow through this vital organ. This causes a back pressure in the veins which bring nutrients from the stomach and intestines. Varicose veins form in the stomach and esophagus that can burst causing a hemorrhage resulting in vomiting blood or passing black stools.

Most people fight off the infection naturally themselves.

However, approximately 5-10% of those people who are infected with the virus will become carriers. Carriers continue to infect others throughout their life time.

United States Vital Statistics
1,250,000 Chronic Carriers
75,000 New Cases A Year
Hepatitis B is known as the "Silent Infection" because carriers of HBV may not become noticeably sick and may not realize they have the disease.

- This disease is more infectious than HIV and is transmitted through infected blood and other bodily fluids. However, in approximately 30-40% of cases the method of transmission is unknown.

- Like the HIV virus, HBV lives in bodily fluids such as blood, semen, and vaginal secretions. However, HBV is 100 times easier to transmit.
• Your chances of being infected from a single contaminated needle stick for HIV is 0.5 percent - for Hepatitis B your chance is 20 to 33%.

• In the USA alone, while less than one healthcare worker is infected by the HIV virus each year, 1,000 healthcare workers contract Hepatitis B each year.

• Many people do not have symptoms when they are first infected. After an incubation period of anywhere from 40 to 140 days, about one-half of infected adults experience symptoms.
You may suffer flu-like symptoms becoming so severe as to require hospitalization.

Your blood, saliva and other bodily fluids may be infected. Not only is it highly contagious, HBV is highly resilient. While the HIV virus has been shown to live for only 24 hours in dried blood, HBV can survive for at least a week in dried blood.

Most people who get Hepatitis B may have no recognizable signs or symptoms. The only way the disease can be positively identified is through a blood test.
Some hepatitis patients have symptoms that mimic the flu:
- Loss of appetite
- Nausea and vomiting
- Fever
- Long lasting weakness, tiredness
- Abdominal pain
- Dark urine
- Yellowing skin and eyes (jaundice)

About 90% of adults recover from Hepatitis B in a few months, clearing the virus from their system and developing an immunity. They will never get hepatitis B again, however, their blood test will always show that they had been infected and blood centers will not accept their blood.
Hepatitis Prevention

- Hepatitis vaccinations are available.
- Using Universal Precautions will prevent your exposure.
- Currently there are only a few approved drugs for Hepatitis B. About 15%-20% of those people treated will have lasting symptoms.
Hepatitis Vaccination

Must be offered to all employees having occupational exposure within 10 days of assignment and after initial training unless:

- previously vaccinated
- antibody testing show employee to be immune
- vaccine is contraindicated
- employee declines for whatever reason

Must be offered to employees after an exposure incident

Must be given by licensed health care professional according to U.S. Public Health Service guidelines at no cost to employee at a time and place reasonable to employee. Certified labs are a must.
Employees who initially decline the vaccination can receive it at any time in the future at their discretion, provided they are still occupationally exposed.

Employees declining vaccination must sign an OSHA certification form.

Booster shots must be given when recommended by the U.S. Public Health Service.

Your employer can not require you to participate in a pre-screening program to identify any medical conditions that may affect your right to receive the vaccination.
Available since 1982, the CDC says it is a safe and effective way to prevent Hepatitis B

10,000,000 U.S. adults and 2,000,000 children to date

Vaccine is not 100% effective. CDC estimates 90% protection rate for 7 or more years following vaccination.

Vaccine is about 70%-80% effective when given within 1 week after HBV exposure.

Vaccine is a series of 3 injections over a period of 6 months in which vaccine is injected intramuscularly into the upper thigh or arm.
Hepatitis Vaccination

Contraindications:
- Women who are pregnant or breastfeeding
- Sensitivity to thimersol or mercury
- Sensitivity to yeast
- Active infections
- Pulmonary/cardiac problems

Side Effects:
- Pain at the injection site
- Temperature greater than 99.9°F
- Anaphylaxis reported in 1 out of every 600,000 doses

Initial symptoms of anaphylaxis usually begin within seconds to minutes of the exposure, and may include flushing, sneezing, itching, tingling in the armpits and groin, lightheadedness, sweating, and a sense of apprehension. The skin may develop rashes, hives and swelling. Sufferers may become hoarse and short of breath, with wheezing and coughing, falling blood pressure and heart attack. Abdominal cramping, nausea, vomiting, and diarrhea may be present as well. Occasionally, loss of consciousness is the first manifestation of anaphylaxis. Death may quickly follow from suffocation due to a swollen, obstructed airway.
Hepatitis Vaccination Risks

- Hypersensitivity: misdirected immune response may result in local tissue injury, systemic manifestations, rarely including shock or death

- Some concern over contracting AIDS. (<1 in 10,000)

- Vaccine is made from pooled plasma of hepatitis B surface antigen-positive individuals, some of whom are in high-risk groups for AIDS.

- Manufacturing steps require the pooled plasma to undergo 3 inactivation steps that kill any infectious viruses. CDC study showed that AIDS virus has survived the 1st inactivation step but not the other two steps.

- To date, ~68 Aids cases have been reported out of ~700,000 vaccinated individuals. 65 of the 68 were persons with known AIDS risk factors.
HIV and AIDS are not the same.

HIV - Human Immunodeficiency Virus (a virus)
Exposure to HIV can be via blood, semen, pre-ejaculate, vaginal fluid, or breast milk. Once exposed, you may or may not develop AIDS. On average, it takes ten years for AIDS symptoms to appear after exposure to the HIV virus.

AIDS - Acquired Immuno-Deficiency Syndrome (the resulting disease)
This disease develops in stages: There is the initial stage with flu like symptoms that last 2 to 3 weeks; The chronic stage lasts for years while the virus multiplies in the host and wears down their immune system; and the late stage where the person succumbs to repeated opportunistic infections and their health generally deteriorates.
How does one get exposed to HIV?

Anyone can get HIV. It can be spread by:

- Having sex with an infected person
- Sharing hypodermic needles
- Being born to a mother who has HIV
- Receiving an infected blood transfusion
- Occupational contact with contaminated bodily fluids

Blood banks in the United States now test blood for HIV. It is very rare to get HIV/AIDS from blood transfusions.
As the HIV virus causes disease in the body, it wears down the body’s immune system and its capability to fight off infection.

Treatment with antiretroviral reduces both the mortality (deadliness) and morbidity (disease symptoms) of the disease.

There is currently no cure or vaccine against HIV or AIDS. The only prevention available for occupational exposures is to practice universal precautions.
People with HIV may develop AIDS-related symptoms such as:

- Repeated opportunistic infections
- Neurological problems
- Swollen lymph nodes
- Cancer
- Fever
- Diarrhea
- Pneumonia
- Mouth sores
- Shortness of breath
- Fatigue
- Skin rash
- Loss of appetite/ weight loss
HIV disease is not uniformly expressed in all individuals. A small number of people infected with the virus develop AIDS and die within months following primary infection, while approximately 5 percent of HIV-infected individuals exhibit no signs of disease progression even after 12 or more years.
RISK EXPOSURE
Figure 11. HIV diagnoses by estimated risk exposure group*, Wisconsin, 2003-2012

* Data have been statistically adjusted to account for unknown risk. See technical notes.

MSM = Men who have sex with men
IDU = Injection drug users
HIV/AIDS in Wisconsin

PREVALENCE: GEOGRAPHY

Figure 24. Reported cases of HIV infection presumed to be alive by county, Wisconsin, as of December 31, 2012

Persons reported and living with HIV in Wisconsin, 2012 (n=6,035*)

- 0 - 20
- 21 - 40
- 41 - 100
- 101 - 200
- 201 - 3014

*Excludes 228 cases with the Wisconsin Department of Corrections as the last known address and 285 cases where county of residence is unknown.
From the next slide you can extract three pieces of information:

1. Those working in the medical field have the highest incidence of exposure to HIV.
2. Those exposed directly to infected blood represent 91% of disease transmission.
3. Less than 2% of HIV transmission was due to housekeeping responsibilities.

The best way to prevent transmission of bloodborne disease is to use engineering controls and personal protective equipment.
Approximately 55 HIV Cases Known to be Caused by Occupational Exposure

- 23 Nurses
- 19 Laboratory Workers
- 6 Physicians
- 2 Surgical Technicians
- 1 Dialysis Technician
- 1 Respiratory Therapist
- 1 Health Aid
- 1 Housekeeper/Maint.
- 1 Embalmer/morgue Tech.

- 50 exposed to infected blood
- 3 exposed to laboratory virus
- 1 exposed to bloody fluid
- 1 exposed to unknown fluid

Puncture/Cut: 91%
Mucous/Skin: 6%
Both: 2%
Unknown: 1%
Engineering Controls means:
“... controls that isolate or remove the bloodborne pathogens hazard from the workplace.”

Examples of Engineering Controls include:

- Sharps disposal containers
- Self-sheathing needles
- Safer medical devices
- Needleless delivery systems
Engineering Controls

Used as a primary method of controlling exposures through the use of special equipment and procedures:

- Autoclaves
- Splash guards
- Designated work areas

Engineering controls must be examined on a regular basis to ensure their effectiveness and to be aware of new alternatives.

Use and limitations of engineering controls are dependent on the type of control instituted. Engineering controls help to eliminate risks associated with human factors provided they are used properly and not circumvented.
Specific work practices are written for each job task to reduce worker exposure to blood or other potentially infectious materials.

Examples:
- Designated first-aid responders and clean-up personnel
- Sharps handling procedures
- Phlebotomy procedures
- Established sterilization procedures
- Blood or OPIM Spill Reporting and Clean-up Procedures

The benefits of work practices are dependent on employees following established procedures and the employer enforcing these procedures. Consult your supervisor for job specific procedures.
“Sharps” are any article that may cause a puncture wound or cut such as:

- Hypodermic needles
- Syringes
- Scalpels
- Pipettes
- Broken Glass
Needles are a high risk source of infection.

Needles must not be sheared, or broken.

Needles can only be bent, recapped or removed if:

- no other alternative is feasible or
- required by specific medical or dental procedure

Bending, recapping or removal of needles must be accomplished:
- through the use of a mechanical device or
- a one-handed technique
Sharps containers must be:

- Puncture Resistant
- Labeled or color coded red
- Leak-proof on the sides and bottom
- Employees shall not be required to reach into the container to place or remove sharps.
- Decontaminated on a regularly scheduled basis.
Contaminated non-reusable needles and sharps destined for disposal must be discarded immediately or as soon as feasible into proper containers:

- Closable
- Puncture Resistant
- Labeled or color coded red or blue
- Leak proof on the sides and bottom
Sharps containers must be:

- Easily accessible to employees
- Located close to the area where sharps are generated
- Kept upright throughout use
- Routinely replaced and not allowed to overfill
- Closed when moved
- Enclosed in a secondary container if spillage is possible
Contaminated Equipment

- Contaminated equipment must be examined prior to servicing or shipping and decontaminated to the extent feasible.

- It must be labeled with the biohazard symbol and indicate which portion of the equipment is contaminated.

- This information must be conveyed to all affected employees, service representatives, and/or the manufacturer prior to handling, servicing or shipping so that appropriate precautions can be taken.
Personal Protective Equipment (PPE) must be provided as needed to employees having occupational exposure, at no cost to the employee.

- Gloves
- Masks
- Safety Glasses
- Goggles
- Face Shields
- Clothing Covers
- Head & Foot Covers
- CPR- Mouth Pieces
- Respiratory Protection
- Ventilation Devices
Occupational Exposure occurs if you are performing a work task where you may be exposed to bloodborne pathogens.

If you are performing a work task where you have an Occupational Exposure, you must wear Personal Protective Equipment (PPE).

Occupational Exposure exists if blood or other potentially infectious material contact open skin, eye, or mucous membrane.

PPE is necessary if pathogens can reach the employee’s work or street clothes, undergarments, skin, eyes, mouth, or mucous membranes under typical work conditions.
When to Wear PPE

Employees must wear their PPE when using Universal Precautions.

The only time such equipment is not required is under rare and extraordinary circumstances in which the employee:

- Temporarily and briefly declines to use such PPE and
- Decides such use would have prevented the delivery of health care or medical assistance or would pose an increased risk to the safety or health of the worker or co-worker

PPE must be readily accessible or distributed individually to employees who are occupationally exposed.

PPE can be obtained from Bloodborne Kits with additional PPE available in school offices.
PPE must be cleaned, laundered and disposed of at no cost to the employee.

It must be repaired or replaced at no cost to the employee.

If penetrated with blood or other infectious materials it must be removed immediately or as soon as feasible.

All PPE must be removed prior to leaving the work/exposure area.

Removed PPE must be placed in appropriately designated containers for disposal, storage, washing, etc.

PPE containers must be labeled or color-coded.
Gloves are the No. 1 protective device against infection.

There are many types of gloves to choose from. They may be designed for multiple uses or disposable and made from a wide variety of materials for different applications.

Gloves must be worn when:

- There is a reasonable chance of contact with blood, mucous, broken skin or other potentially infectious materials
- Handling or touching contaminated items or surfaces
- Treating or applying pressure to any vascular wound

Remember:

Most gloves are not puncture-proof!
The Food and Drug Administration estimates between 8 and 17 percent of health care workers are allergic to latex.

Latex gloves can cause contact dermatitis.

A few cases of allergenic shock have resulted in death.

Hypoallergenic gloves, glove liners, powder less gloves or other alternatives must be provided to employees who are allergic to the gloves normally provided.
Disposable gloves must be replaced as soon as practical when contaminated or as soon as feasible when torn, punctured or compromised.

Disposable (single-use) gloves cannot be washed or decontaminated.

Utility gloves may be decontaminated for reuse if the integrity is not compromised. Otherwise, they must be discarded.

Reusable gloves and garments can be decontaminated by washing in suitable detergent and bleach, steam or ethylene oxide sterilization.
1. When removing disposable gloves, use finger tips of one gloved hand to grasp the wrist of the other glove (glove to glove) and peel the first glove off, from wrist to finger tip. (This turns the glove inside out.) Dispose of glove in a lined waste can.

2. Next, use your ungloved hand to grasp the inside wrist of the remaining glove (skin to skin) and peel the second glove off from wrist to finger tip. (This again turns the glove inside out.) Dispose of the glove in a lined waste can.

3. After removing gloves, always wash hands with warm water and soap for at least 20 seconds before rinsing and drying.
Masks, safety eye glasses, and goggles with side shields, or face shields must be worn when splashes, spray, splatter or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Fluid resistant masks and head garb are recommended.

Decontamination of PPE should be conducted immediately after each exposure.
PPE – Clothing Covers

- Protective clothing (e.g. gowns, lab coats, aprons, clinic jackets, etc.) must be worn in all occupational exposure situations.
- There are reusable and disposable types.
- Clothing should be fluid resistant.
- Clothing must be cleaned on a regular basis.
- Uniforms may not be considered appropriate as they allow pass-through of blood, pathogens, etc.
Surgical caps, hoods and/or shoe covers and boots must be worn during gross contamination procedures.

Shoe covers or “booties” are disposable and should be thrown away after use.
PPE – Respiratory Protection

Cardio-Pulmonary Resuscitation:

Mechanical emergency respiratory devices and pocket masks are designed to isolate you from contact with the victim's saliva and bodily fluids.

Avoid using mouth-to-mouth resuscitation as victim may have blood or other potentially infectious materials in their mouths.
There are 8 steps to cleaning up blood and bodily fluids:

1. Secure the area with barricades or cones.
2. Put on your personal protective gear.
3. Remove infected waste to a red bio-hazard bag. Add absorbent if there are free liquids.
4. Broken glass and sharp objects must be picked up by mechanical means: forceps, broom & dust pan, tongs. Never by hand!
5. Use the cleaning solutions specified in the written policy.
6. Disposable equipment is placed in a red biohazard waste bag. Reusable equipment is disinfected, dried and stored.
7. Only items saturated with blood or OPIM are bagged as biohazard waste. Vomit, feces, urine and feminine pads are not biohazards.
8. If you get blood on yourself, wash thoroughly with soap and water.
The eighth step is the most important. If you get blood or other bodily fluids on your skin wash the affected area immediately with soap and water.

Wash each area for at least 20 seconds, followed by a thorough rinse.

Change clothing if necessary.

If possible, use running water, not towelettes.

Report the incident to the AASD Department of Human Resources.
Get the Basics Right - Proper Hand Washing:

1. Remove rings, watches and other jewelry.
2. Use a paper towel to turn the faucet on. Adjust the temperature to comfortably warm.
3. Let the water run from wrist to finger tip. This rinses dirt and germs off of your hands, not higher up your arm.
4. Use soap, preferably disinfectant soap. Suds up and keep rubbing for 20 seconds. This scrubbing is what removes dirt and germs.
5. Rinse thoroughly. Dry and use the paper towel to turn off the faucet.
6. Use moisturizer. Cracked skin makes a perfect place for germs to hide and enter the body.
Bloodborne Pathogen Kit

The bloodborne pathogen kit is inspected monthly to ensure the contents of the kit are present, clean and accessible for use:

- Gloves
- Safety glasses
- Dust mask
- Bleach solution (mixable to 10%)
- Absorbents
- Biohazard waste bags
- Antiseptic hand wipes
Work sites must be maintained in a clean and sanitary condition.

Work areas must be cleaned and decontaminated according to your employer’s written schedule.

All equipment and surfaces must be cleaned and decontaminated after contact with blood or OPIM.

Cleaning and decontamination of contaminated work surfaces must be done immediately, as soon as feasible, or upon completion of a procedure, and be repeated at the end of each shift if the surface may have become contaminated since the last cleaning.
Protective coverings (plastic wrap, foil, absorbent paper, etc.) used to cover equipment and environmental surfaces must be removed and replaced as soon as feasible after contamination, or at the end of each shift if they may have become contaminated.

All bins, pails, cans and other receptacles intended for reuse must be regularly inspected, cleaned, and decontaminated if the likelihood exists that they became contaminated, and they must be cleaned and decontaminated upon visual contamination.

Broken glassware which may be contaminated can not be picked up by hand, even with gloves on!

Broken glass must be cleaned up and placed in a sharps container by mechanical means (e.g. forceps, dust pan, tongs, etc.)
Contaminated Laundry

- Must be handled as little as possible to minimize exposure.
- Employees handling contaminated laundry must wear gloves and other appropriate PPE.
- Must be bagged or containerized at the location of use and cannot be sorted or rinsed in the area of use.
- Bags or containers must be labeled or color-coded unless Universal Precautions are being implemented. Industry practice is yellow bags. This enables employees to immediately recognize contaminated laundry.
- Contaminated Laundry is handled by Facilities and Operations.
Contaminated laundry must be placed in bags or containers that prevent soak-through or leakage of liquids if there is a reasonable likelihood of soak-through or leakage.

If you ship contaminated laundry to a facility that does not use Universal Precautions, you must label or color-code the bags. Check with your supervisor and launderer.

Laundry with unidentifiable bodily fluids must be handled as if contaminated with bloodborne pathogens. Because of this, many facilities utilize Universal Precautions in the handling of all laundry.
Special Activities

The following activities, though not formally a part of the Exposure Control Plan, do have hygiene guidelines prescribed by AASD:

- Oral Motor Therapy - Use gloves if exposed to saliva
- Dispensing Medicine - Use gloves if exposed to saliva
- CPR - To be performed by certified individuals only; Gloves and a micro-shield are to be used
- Sporting Events - Coaches and Trainers attending to a bleeding athlete must wear disposable gloves. Also, the athlete must be removed from the activity until bandaged and cleaned-up. Play may not resume until the area is cleaned and disinfected. Towels and uniforms must be sent for laundering.

Following any of the activities above, gloves should be disposed of in the general trash and hands must be washed.
Scrapes & Other Minor Injuries - If it is easy to do so, the injured should clean and bandage their own injury. If they cannot, the person who assists should wear gloves.

Bites & Scratches - Wear gloves and use soap and water to cleanse before bandaging.

Drooling - Wear gloves and use soap and water to clean the area.

Vomit - To be cleaned up by the Building Engineer while wearing gloves. Vomit and clean-up materials may be put in the general refuse. If blood is visible in the vomit, either flush the waste down the toilet or put it in red bags for bio-waste.

Urine & Feces - To be cleaned up by the Building Engineer while wearing gloves. Urine, feces, and the clean-up materials may be put in the general refuse. If blood is visible, either flush the waste down the toilet or red bag it.

Following any of the activities above, gloves should be disposed of in the general trash and hands must be washed with soap and water.
Exposure Responses

- Report spills/exposures to your supervisor per company policy.

- Ensure that the Building Engineer is notified of the type and location of exposure so clean-up may begin promptly.

- Remove contaminated clothing or PPE. Do your best to wash and decontaminate if exposed.

- Contact Human Resources to fill out necessary reports.

- Ensure that wastes are disposed of in properly marked containers.
Exposure Responses

- In the case of a needle stick: Squeeze the area around the wound immediately to induce bleeding under free flowing water. Then wash thoroughly with soap.

- Eyes: Rinse eyes immediately with tap water or saline solution.

- Mouth: Immediately spit the material out and rinse several times with cold water.

- Skin: Immediately rinse with water and wash affected area with soap and warm water.

- Report all exposures **immediately**!
Confidential medical evaluation and follow-up must be provided immediately to the exposed employee.

Documentation of exposure route and circumstances surrounding the incident must be recorded.

Identification of the source individual must be documented where feasible and allowed by law. Please contact the Personnel Dept.

Source individual’s blood must be tested as soon as feasible for HIV and HBV unless consent is not given. When consent is required by law, the blood, if available, must be tested.

Contact your supervisor before going to a health care provider, unless it is an emergency.
Prophylaxis is a term used for prevention of disease, or to minimize the symptoms after some one has been exposed.

- Post-exposure prophylaxis, when medically indicated, must be given at no cost to employee and according to U.S. Public Health Service guidelines.

- For people with HIV/AIDS, prophylaxis involves taking drugs to prevent or delay the onset of disease or symptoms.

- Counseling must be provided after exposure so the employee can understand the treatment options available.

- All reported illnesses must be evaluated.
All records concerning the incident must be given to the physician by AASD:
- Copy of the OSHA regulation
- Employee’s duties and date when exposed
- Exposure route and circumstances
- Source individual's test results (if available), and
- All relevant medical records including vaccinations.

Employee must be provided with physician’s written opinion within 15 days of exposure incident.

The opinion for Hepatitis B vaccination must be limited to whether or not vaccination is indicated and if employee has received the vaccination.
Opinions for post care must be limited to:

- A statement that the employee has been informed of the evaluation results; and
- A statement that the employee has been told about any medical conditions resulting from exposure which require further evaluation or treatment.

All other findings or diagnoses must remain confidential and cannot be included in the written report.
An Employee Accident Report Form must be completed each time there is exposure to a bloodborne pathogen.

This is a one page form.

It identifies the employee and records the accident information and whether there was exposure to bloodborne pathogens.

If there was a witness, that will also be documented.

The employee and supervisor will sign the form.
Recordkeeping

Additional Reports required by AASD are managed by Student Services

Determination of Exposure to Blood/bodily Fluids:
This is signed by the patient and includes a physician’s professional
determination as to whether a “significant exposure” has occurred.

Needle-Stick/Sharps Injury Log:
This log includes basic information about the date, location, type of work and
sharp which resulted in an injury.

Hepatitis B Vaccination Acceptance & Declination Form:
This is filled out to record whether an employee accepts or declines to receive
the Hepatitis B vaccination.
Some reports are to be updated regularly:

Monthly Inspection of Bloodborne Pathogen Clean-Up Kits by the Building Engineers.

Information and Training of Employees

Annual Exposure Control Plan Review Documentation:
Each year the Exposure Control Plan must be reviewed to ensure that it is adequately protecting employees.
Exposure Records must include:

- Name of employee
- Vaccination status
- All post-exposure information
- Must be kept confidential
- Cannot be disclosed without written employee consent unless required by law (e.g. worker’s compensation insurer)
- Training records must be kept on file
- Records must be transferred to successive employers
The key elements to remember from this training:

1. Be aware that disease can be spread via contact with blood and other bodily fluids.

2. If you are unsure, handle spills, wastes and laundry as though they are infectious.

3. Use Personal Protective Equipment when appropriate.

4. If you are exposed:
   A. Decontaminate as best you are able.
   B. Report the incident immediately or as soon as possible to your supervisor, Human Resources, or the Safety Coordinator.

5. Understand that there will be forms to complete and follow-up medical care may be recommended.
End Training Program

If you have questions about the AASD Bloodborne Pathogens Program, please talk to your supervisor.

You may also contact Personnel Services or Facilities and Operations departments.