

2024 Bloodborne Pathogens

Bloodborne Pathogens for Practitioners

2024

Objectives

Upon Completion of this Module, the participant will be able to:

1. Identify bloodborne pathogens and how they are transmitted.
2. List the purpose and important components of an exposure control plan to control spread of bloodborne pathogens.
3. Identify team members that may be at risk for exposure.
4. Identify three engineering or work practice controls that decrease the risk of exposure to bloodborne pathogens.
5. Identify steps to take when an exposure occurs.

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Baptist Health Care Policy on Bloodborne Pathogens

- Name
 - ◊ Bloodborne Pathogen Exposure Control Plan
- Where Can I find the Policy?
 - ◊ Connect Website. Icon located on all BHC computers

Baptist Health Care is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030,

Review the Bloodborne Pathogen Exposure Control policy for Baptist Health Care.

OSHA Regulates the Risk of Exposure

- OSHA regulates exposure to bloodborne pathogens and has developed a Bloodborne Pathogen Exposure Control Standard. [Link to OSHA Standard](#)
- OSHA's Bloodborne Pathogens standard prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials, and to reduce their risk from this exposure

Who is Covered by the Standard?

- All employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials

How does Exposure to Bloodborne Pathogens Occur?

- Needle sticks (Most common)
- Accidental cuts/punctures from other contaminated sharps (scalpels, broken glass, etc.)
- Contact between mucous membranes (for example, the eye, nose, mouth) or broken (cut or abraded) skin with infected bodily fluids. (Example: eye splash)
- Sexual contact

Bloodborne Diseases (3 of the most common bloodborne pathogens)

- Human immunodeficiency virus (HIV)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)

How are they Contracted?

- How Is It Contracted?
- Occupational exposure to the blood or body fluids of a patient infected with HIV.
- Sexual contact with an individual infected with HIV.
- Sharing needles with an individual infected with HIV.
- An unborn baby through its infected mother (though the risk can be lowered with appropriate pre-natal treatment).

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Baptist Health Care Exposure Control Plan

The Exposure Control Plan:

- Identifies jobs and tasks where occupational exposure to blood or other potentially infectious material occurs
- Describes how the employer will:
 - ◊ Use engineering and work practice controls
 - ◊ Ensure use of personal protective equipment
 - ◊ Provide training
 - ◊ Provide medical surveillance
 - ◊ Provide hepatitis B vaccinations
 - ◊ Use signs and labels
- Written plan required
 - ◊ Annual review of a plan to reflect changes in:
 - ◊ Tasks, procedures, or assignments which affect exposure, and technology that will eliminate or reduce exposure
- Annual review must document the employer's consideration and implementation of safer medical devices
- Must solicit input from potentially exposed employees in the identification, evaluation, and selection of engineering and work practice controls
- Plan must be accessible to employees

Standard Precautions

Standard Precautions encompass what had previously been known as Universal Precautions, which require treating all blood and body fluids as infectious. The precautions are applied to ALL patients receiving care, REGARDLESS of infection status.

- Using Personal Protective Equipment (PPE)
- Using safe-needle devices as specified
- Disposing of sharps and wastes appropriately
- Obtaining the Hepatitis B vaccination
- Performing hand hygiene

Personal Protective Equipment (PPE)

Exposure can be prevented with the proper use of specialized equipment and clothing. PPE is provided to our Team Members at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided. The types of PPE available to Team Members are as follows:

- Gloves (disposable and heavy duty)
- Goggles
- Mask (N-95 and surgical)
- Gowns (water resistant, impermeable)
- Shoe covers
- Face shields
- PPE is located throughout the hospital in Departments where use of PPE is required and may be obtained through CSR/Materials Management.

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Engineering and Work Practice Controls

These are the primary methods used to control the transmission of HBV and HIV. When occupational exposure remains after engineering and work practice controls are put in place, personal protective equipment (PPE) must be used.

- A. **Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:**
- Passive safety device on peripheral IV catheters
 - Needleless access devices on IV tubing and central line catheters
 - Glove holders in patient care areas
 - One-handed sliding needle covers
 - Puncture-resistant sharps containers
 - Stericycle vendor for sharps container management
 - Covered lancets for glucose monitoring
 - Safety insulin syringes
 - Safety Lovenox syringes
 - Gloves, gowns, shoe covers, scrubs and masks
 - Instrument counts in OR
 - Needle “pin cushion” in procedural areas
- B. **Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.** Food and drinks shall not be kept in or on refrigerators, freezers, shelves, cabinets, countertops or bench tops where blood or other potentially infectious materials are present. The manager of each department shall be responsible, in collaboration with Infection Prevention, for assessing risk of exposure and establishing approved areas where food and drinks may be consumed by their team members.
- C. **Sharps disposal containers are inspected and maintained or replaced whenever necessary to prevent overfilling. This facility identifies the need for changes in engineering controls and work practices through review of exposure log, Team Member interviews, committee activities, and tracer rounds.** We evaluate new procedures and new products regularly by review of product literature, benchmarking, literature review, small scale trials and demonstrations. Both front-line workers and management officials are involved in this process. Materials Management is responsible for ensuring that these recommendations are implemented.

Housekeeping

- Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.
- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded.
- Sharps disposal containers are available by calling EVS. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated or disposed of as soon as feasible after visible contamination.
- Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

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Labeling

Labels

- A. The following labeling methods are used in this facility: Equipment to be Labeled. Label Type (size, color) (specimens, contaminated laundry, etc.) (red bag, biohazard label)
- i. specimens-clear plastic zipper bag with biohazard symbol
 - ii. linen-yellow reusable linen bag or plastic cart
 - iii. sharps-red, puncture-resistant container with biohazard symbol
 - iv. contaminated non-sharps-red plastic bag with biohazard symbol

Baptist Health Care Post Exposure Plan

- Should an exposure incident occur, immediately contact Team Member Health @ 850-434-4756 during normal business hours or the House Supervisor/Leader after hours or on weekends.
 - ◇ Refer to Policies:
 - ◇ “Blood and Body Fluid Exposures”
 - ◇ “BHC Post-Exposure Protocol Packet FM-072
 - ◇ “Chemoprophylaxis Drug Therapy Post Occupational HIV Exposure in Team Member Health, Exposure Packet FM-073”
- An immediately available confidential medical evaluation and follow-up will be conducted by Team Member Health or the House Supervisor.
- Physicians, students, volunteers, etc. who are not employed by Baptist Hospital will be directed to their Primary Care Physician or Emergency Department for assessment.

Bloodborne Pathogen Exposure

Secure any injury or exposure needs with First Aid (refer to SDS as needed) and Report to Team Member Health. If severe injury or exposure requires immediate attention, send Exposed Person to Occupational Health, Urgent Care, or ER, as applicable. Notify your leader immediately.

*For all bloodborne pathogen exposures: involved BHC department leader should contact the lab and ensure the Source Person’s labs are held, if available or obtained prior to the source patient leaving.

Hepatitis B Vaccination

- A. Team Member Health will provide education to Team Members on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.
- B. The hepatitis B vaccination series is available at no cost to all Team Members identified in the exposure determination section of this plan through Team Member Health.
- C. Vaccination is encouraged unless: 1) documentation exists that the Team Member has previously received the series; 2) antibody testing reveals that the Team Member is immune; or 3) medical evaluation shows that vaccination is contraindicated.
- D. However, if a Team Member declines the vaccination, the Team Member must sign a declination form. Team Members who decline may request and obtain the vaccination at a later date at no cost.
- E. Documentation of refusal of the vaccination is kept in the Team Member Health office. Vaccination will be provided by Team Member Health.

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Available to Answer Questions 24/7

- OSHA's Bloodborne Pathogens standard prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials, and to reduce their risk from this exposure
- Implementation of this standard not only will prevent hepatitis B cases, but also will significantly reduce the risk of workers contracting AIDS, Hepatitis C, or other bloodborne diseases

Contact Information if an Exposure Occurs

Call Team Member Health at 850-434-4756

Office Hours: Monday-Friday, excluding BHC holidays, from 7:30 a.m. - 4 p.m.

Email TMH at TMH@bhcpns.org.

After Hours References:

- Call BH House Supervisor at 448.227.2366
- Call GBH House Supervisor at 850.934.2311.
- Call Jay House Supervisor at 850.675.8212.
- Operator for on-call Infection Preventionist.