This course is a training program designed to provide students with the necessary knowledge to help reduce or eliminate the occupational risk of bloodborne pathogens in various healthcare settings. The goal of this course is to help students understand the risks and develop behaviors to help protect them when exposed to potentially infectious materials, such as blood.
OSHAcademy Course 656 Study Guide

Bloodborne Pathogens in the Healthcare Setting

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Contact OSHAcademy to arrange for use as a training document.

This study guide is designed to be reviewed off-line as a tool for preparation to successfully complete OSHAcademy Course 656.

Read each module, answer the quiz questions, and submit the quiz questions online through the course webpage. You can print the post-quiz response screen which will contain the correct answers to the questions.

The final exam will consist of questions developed from the course content and module quizzes.

We hope you enjoy the course and if you have any questions, feel free to email or call:

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Course Introduction

This course is designed to provide students with the necessary knowledge to help reduce or eliminate the occupational risk of bloodborne pathogens in various healthcare settings. The goal of this course is to help students understand the risks and develop behaviors to help protect them when exposed to potentially infectious materials, such as blood.

This course is based on both 655 Bloodborne Pathogens in the Workplace and 755 Bloodborne Pathogens Program Management. However, it also includes additional information on needlestick safety, universal precautions, laboratory safety, and more.

OSHA requires bloodborne pathogens training meet the specific needs of the employee, such as those working in the healthcare industry. This course is designed to help meet those specific needs.

This course supports OSHA training requirements for bloodborne pathogens in a healthcare setting. Students can ask questions and get feedback through our website or by email while taking the course. This is a very important aspect of online training and is required to meet OSHA standards.

This course is consistent with OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030.
Module 1: What are Bloodborne Pathogens?

What are bloodborne pathogens?

Bloodborne pathogens are infectious materials in blood that can cause disease when transmitted from an infected individual to another individual through blood and certain body fluids.

Bloodborne pathogens can cause serious illness and death. The most common illnesses caused by bloodborne pathogens are hepatitis B (HBV), hepatitis C (HCV), and acquired immunodeficiency syndrome (AIDS) resulting from human immunodeficiency virus (HIV).

Quiz Instructions

After each section, there is a quiz question. Make sure to read the material in each section to discover the correct answer to these questions. Circle the correct answer. When you are finished go online to take the final exam. This exam is open book, so you can use this study guide.

1. As part of Kevin's job, he is required to provide emergency first aid to employees that become injured or ill while at work. What are the three primary bloodborne pathogens Kevin must be aware of due to occupational exposure?
   
   a. Influenza, Hepatitis A, Hepatitis B
   b. Hepatitis A, Hepatitis B, Hepatitis C
   c. Hepatitis B, Hepatitis C, Human Immunodeficiency Virus
   d. Hepatitis B, Hepatitis C, Measles

Who is covered by OSHA's Bloodborne Pathogens standard?

The standard applies to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM).

- Employees who provide first aid as part of their job are required to have training on occupational exposure.

- **Occupational exposure** is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee's duties."
Blood is defined as "human blood, human blood components, and products made from human blood."

Other potentially infectious materials (OPIM) means:

1. Any of the following human body fluids:
   o semen and vaginal secretions;
   o cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids;
   o saliva in dental procedures;
   o other body fluid visibly contaminated with blood; and
   o all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

2. Which of the following is NOT considered to be other potentially infectious materials (OPIM)?
   a. Amniotic fluid
   b. Human blood
   c. saliva during dental procedures
   d. body fluids visibly contaminated with blood

What is the purpose of OSHA's Bloodborne Pathogens standard?

The purpose of the standard is to minimize or eliminate occupational exposure to disease-carrying microorganisms, or pathogens, that can be found in human blood and body fluids.

Who must be trained under OSHA's Bloodborne Pathogens standard?

OSHA has mandated annual training is required for all employees with potential occupational exposure. This means if there is a reasonable possibility an employee might be exposed to
blood or other potentially infectious materials (OPIM), they must receive training to minimize or eliminate their risk to potential exposure.

3. Who must be trained under OSHA’s Bloodborne Pathogen Standard?

   a. Everyone in a specific workplace or worksite
   b. All employees other than administrative staff
   c. Employees with actual exposure to blood or OPIM
   d. Employees with potential exposure to blood or OPIM

What are the primary bloodborne pathogens?

The primary bloodborne pathogens are:

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

Other commonly recognized pathogens transmitted by body fluids include:

- West Nile Virus
- Malaria
- Syphilis

OSHA has determined employers can minimize or even eliminate occupational bloodborne hazards by developing and enforcing a combination of exposure control strategies which work for all bloodborne diseases. It is not enough for an employer to provide bloodborne pathogens training. They must also have a formal exposure control plan documented and implemented.

Training Is Not Enough; An Employer Must Implement A Formal Exposure Control Plan

4. As part of Allison's job, she is required to provide first aid treatment to those injured on the job. Which of the following bloodborne pathogens should she be aware of due to occupational exposure?
   a. Influenza
   b. Malaria
   c. Strep throat
   d. Allergies

Scenario

Stanley is an employee for a small manufacturing company. One of Stanley's job responsibilities is to respond to medical emergencies that might happen in the warehouse. Stanley has worked for his employer for five years and has never had to respond to an emergency.

Does Stanley still need to receive annual bloodborne pathogens training?

Yes!

The frequency in which an employee is exposed to potential bloodborne pathogens is not the standard used to determine the need for training. Because there is a reasonable possibility that Stanley might be exposed to bloodborne pathogens as an employee, he must receive annual training. Neither Stanley nor his employer can predict when he might need to provide emergency medical care.
Module 2: Specific Bloodborne Pathogens

Hepatitis B Virus (HBV)

The hepatitis B virus (HBV) is one of the primary causes of hepatitis, an infection which causes inflammation of the liver. Complications of hepatitis include cirrhosis (scarring) of the liver, liver cancer, and liver failure. There is no known cure for the hepatitis B virus. In the United States, approximately 15 to 25 percent of people infected with HBV will die because of the illness.

According to the Hepatitis B Foundation, thousands of people in the United States and 600,000 people worldwide die from hepatitis B-related liver disease annually.

The Center for Disease Control (CDC) reported 2,953 confirmed acute cases of hepatitis B in 2014. The CDC estimates 19,200 people were infected with the hepatitis B virus the same year.

Hepatitis B can be either acute or chronic.

- Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. Acute infection can, but does not always, lead to chronic infection.

- Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person’s body. Chronic hepatitis B is a serious disease that can result in long-term health problems and even death.

![Incidence of Acute Hepatitis B, By Year United States, 2001-2016](image)
1. _____ Hepatitis B infection is a long-term illness that occurs when the Hepatitis B virus remains present in a person's body.
   a. Symtomatic
   b. Non-symtomatic
   c. Chronic
   d. Acute

Symptoms of HBV

Symptoms of HBV infection include, but are not limited to:

- loss of appetite
- fatigue
- fever
- nausea, vomiting, and/or abdominal pain
- joint pain
- jaundice seen in the eyes

Jaundice, also called icterus, is a yellowing of the skin or eyes and occurs in the more serious phase of hepatitis B virus. Hepatitis B can damage the liver, resulting in decreased liver function. As the liver's ability to filter waste from the blood decreases, the concentration of waste in the blood increases.

*Jaundice, a symptom of hepatitis B, often first appears in the eyes.* Only about 30 to 50 percent of individuals infected with hepatitis B virus show symptoms. It is important to understand even without symptoms, HBV-infected individuals are still infectious to others.

Click here to view the CDC fact sheet for Hepatitis B. (PDF)
2. Serious cases of Hepatitis B virus results in damage to the _____.
   a. heart
   b. liver
   c. kidneys
   d. lungs

Exposure

An exposure that might place a worker at risk for HBV, HCV, or HIV infection is defined as:

   a. A percutaneous injury (e.g., a needlestick or cut with a sharp object); or

   b. Contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

Indirect exposure from contaminated objects is a risk because hepatitis B virus can remain infectious on environmental surfaces for up to a week (7 days) in the form of dried blood. This means you must always treat blood, wet or dry, as infectious!

   You must always treat blood, wet or dry, as infectious!

Vaccination

A vaccination to prevent hepatitis B virus infection is available. The hepatitis B vaccine series is a sequence of three shots, typically given one month apart, that stimulate a person's natural immune system to protect against the virus. After the vaccine is given, the body makes antibodies to protect a person against the virus. Antibodies are specialized proteins found in the blood that produce an immune response to a virus invading the body. These antibodies are stored in the body to guard against future infections. They will fight off an infection if a person is exposed to the hepatitis B virus in the future.
3. Hepatitis B virus can remain infectious on environmental surfaces for up to a _____ in the form of dried blood.

   a. week
   b. month
   c. year
   d. day

Hepatitis C Virus (HCV)

The Hepatitis C virus (HCV) is also a significant cause of severe liver damage and death.

Hepatitis C kills more Americans than any other infectious disease. Deaths associated with hepatitis C reached 18,153 in 2016, according to surveillance data released by the Centers for Disease Control and Prevention (CDC).

About 3.5 million Americans are currently living with hepatitis C and roughly half are unaware of their infection. Approximately 1 to 5% of people infected with hepatitis C virus die as a result of the long-term damage caused to the liver and body.
Incidence of acute HCV

Approximately 70%-80% of people with acute hepatitis C do not have any symptoms. Some people, however, can have mild to severe symptoms soon after being infected, including:

- fever
- fatigue
- loss of appetite
- nausea
- vomiting
- abdominal pain
- dark urine
• gray-colored bowel movements
• joint pain
• jaundice (yellow color in the skin or eyes)

Click here to view the CDC fact sheet for Hepatitis C. (PDF)

If symptoms do occur, the average incubation period is 45 days after exposure, but this can range from 14 to 180 days.

Many people infected with the hepatitis C virus do not develop symptoms.

Hepatitis C virus-infected individuals are infectious to other people, whether they show symptoms or not. Interestingly, the hepatitis C virus is strictly a human disease. It is not known to cause disease in any animals.

Blood testing for hepatitis C virus was not available until 1992. As a result, blood donation agencies did not screen for hepatitis C virus. Many hepatitis C virus infections occurred as a result of receiving blood products from infected individuals. Today, testing for hepatitis C is common place and should occur after any exposure to potential bloodborne pathogens.

There is no vaccine for hepatitis C.

4. Which of the following symptoms would NOT indicate an infection with hepatitis C?
   a. fever
   b. nausea
   c. joint pain
   d. dizziness

Treatment

According to the CDC, approximately 15% to 25% of people infected with acute hepatitis C will naturally be able to clear the infection from their body without treatment.

There are several medications available to treat chronic hepatitis C, including newer, more effective drugs with fewer side effects.
Around the World

According to the World Health Organization (WHO), 1.75 million people are infected with the hepatitis C virus each year. Approximately 71 million people are chronically infected and at risk of developing liver cirrhosis and/or liver cancer. About 400,000 people worldwide die from hepatitis C-related liver diseases each year.

Decontamination

Any blood spills - including dried blood, which can still be infectious - should be cleaned using a dilution of one-part household bleach to 9 parts water. Gloves should always be worn when cleaning up blood spills.

5. Any blood spills, including dried blood, containing HCV should be cleaned using a 10% dilution of household bleach, by mixing _____.
   a. 2 parts bleach with 8 parts water
   b. 1-part bleach with 9 parts water
   c. 4 cups bleach with 6 cups water
   d. 1 cup bleach with 10 cups water

Human Immunodeficiency Virus (HIV)

The human immunodeficiency virus (HIV) is the virus responsible for causing acquired immunodeficiency syndrome (AIDS).

Statistics

- 38,500 new cases of HIV/AIDS in adults, adolescents, and children were diagnosed in 2015.

- As of 2015, approximately 1.1 million people are living with HIV. The CDC estimates 15% of people living with HIV do not know they are infected.

- As of December 31, 2013, 58 confirmed occupational transmissions of HIV and 150 possible transmissions had been reported in the United States.

- As of 2016, there are about 36.7 million people living with HIV around the world, with only 53% receiving treatment.

- In 2016, about one million people died from AIDS-related illnesses around the world.
The human immunodeficiency virus attacks and suppresses the immune system, reducing a person's ability to fight infection. The virus specifically targets the cells crucial for fighting infection from pathogens. This allows diseases and infections to progress without resistance.

Within a few weeks of being infected with HIV, some people develop flu-like symptoms that last for a week or two, but others have no symptoms at all. People living with HIV may appear and feel healthy for several years. However, even if they feel healthy, HIV is still affecting their bodies. Untreated early HIV infection is also associated with many diseases including cardiovascular disease, kidney disease, liver disease, and cancer.

6. How does infection with human immunodeficiency virus (HIV) reduce a person's ability to fight infection?
   a. HIV weakens the nervous system
   b. HIV suppresses key cardiovascular pathways
   c. HIV attacks and suppresses the immune system
   d. HIV fools cells to attack and destroy them

HIV is spread only in certain body fluids from a person who has HIV. These fluids are blood, semen, pre-seminal fluids, rectal fluids, vaginal fluids, and breast milk. It can take many years before an HIV-infected person displays symptoms of the disease.

Symptoms include:

- enlarged lymph nodes
- fatigue
- frequent fevers
- persistent or frequent yeast infections of the mouth or vagina
- persistent or frequent skin rashes
- short-term memory loss
- weight loss
- enlarged liver and spleen
As with hepatitis B virus and hepatitis C virus, it is important to understand that individuals with HIV are potentially infectious to others, even though they may have no observable symptoms.

Presently, there is no known cure for HIV. Treatment for HIV is called antiretroviral therapy or ART. If people with HIV take ART as prescribed, their viral load (amount of HIV in their blood) can become undetectable. If it stays undetectable, they can live long, healthy lives. Today, someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

HIV cannot reproduce outside the human body. It is not spread by:

- air or water
- insects, including mosquitoes. Studies conducted by CDC researchers and others have shown no evidence of HIV transmission from insects
- saliva, tears, or sweat: There is no documented case of HIV being transmitted by spitting.
- casual contact like shaking hands or sharing dishes
- closed-mouth or "social" kissing

All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with assistance, guidance, and laboratory support from CDC.

**Disease Comparison**

Of the three major bloodborne pathogens, hepatitis B virus is the most contagious. Approximately 33% of individuals exposed to hepatitis B virus will become infected. Of those individuals exposed to hepatitis C virus, only about 2% will become infected.

Comparatively, HIV is much less contagious than either form of hepatitis. About 0.33%, or 1 in 300, people exposed to HIV will become infected with the virus.

Despite these statistics, every exposure has the potential to transmit bloodborne pathogens and must be considered significant.
7. Which of the three major bloodborne pathogens is the most contagious, with approximately 33% of those exposed becoming infected?

   a. Human Immunodeficiency Virus (HIV)
   b. Hepatitis B virus (HBV)
   c. Hepatitis C virus (HCV)
   d. Hepatitis A virus (HAV)

Scenario

Stacy is a police officer employed by the city of Denver, Colorado. She is regularly required to respond to emergency medical situations, often arriving before the local ambulance company. As a result, Stacy is frequently exposed to human blood.

Is Stacy likely to contract HIV from exposure to infected blood?

No!

If Stacy follows universal precautions, she is not likely to contract HIV. Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear.
Module 3: Transmitting Bloodborne Pathogens

Fluids that Spread Bloodborne Pathogens

The transmission of bloodborne pathogens from one person to another occurs through the transfer of infected body fluids.

Common body fluids which can transmit pathogens include:

- blood
- cerebral spinal fluid
- semen
- vaginal secretions

Semen and vaginal secretions can transmit bloodborne pathogens, but only during sexual contact.

Wearing disposable gloves can help protect you from accidental exposure to bloodborne pathogens.

1. As part of his job, Trent is routinely exposed to patient blood and other bodily fluids. Which of the following actions would most likely transmit a bloodborne pathogen from the patient to Trent?
   a. Getting a patient's blood splashed into the eyes
   b. Shaking a thankful patient's hand
   c. Using the telephone at the hospital
   d. Pushing a wheelchair

Fluids that Do Not Spread Bloodborne Pathogens

Some body fluids have no documented risk of transmitting pathogens, including:

- sweat
- saliva
- urine
• feces

Although the risk of contracting a pathogen from these bodily fluids might be low, you may not always be able to tell which fluids you are handling, or whether an injury has mixed them with blood.

For example, a severe abdominal injury could cause blood to be present in urine or feces. Therefore, it is best to protect yourself from ALL bodily fluids.

2. Why is it important to assume all bodily fluids may be capable of transmitting bloodborne pathogens?

   a. Because it's an OSHA requirement
   b. Because their might unseen blood mixed with the fluids
   c. Because bloodborne pathogens are in all bodily fluids
   d. Because it's best to do so to avoid litigation

How Bloodborne Pathogens are Transmitted

Non-occupational bloodborne pathogens are most commonly transmitted through:

• sexual contact; or

• sharing hypodermic needles.

Occupational bloodborne pathogens are most commonly transmitted through:

• puncture wounds from a sharp or contaminated object, such as broken glass; or

• from a splash of blood to the mucous membranes of the eyes, nose, or mouth.

3. Which of the following is a way non-occupational bloodborne pathogens are transmitted?

   a. Having blood splashed into eyes
   b. Shaking a patient's hand
   c. Sharing hypodermic needles
   d. Puncture wound from a sharp object
**Protect Yourself from All Bodily Fluids**

It's important to remember the hepatitis B virus can remain infectious outside of the body for up to 7 days. For this reason, it is essential that cleanup and decontamination of contaminated objects and surfaces be performed as soon as possible. This will reduce the risk of indirect contact resulting in a bloodborne exposure incident.

Understanding how bloodborne pathogens are transmitted will help reduce your risk of exposure and infection.

Casual social contact, such as shaking hands, hugging, or sharing a telephone or tool, does not transmit bloodborne pathogens.

Direct contact with blood or other potentially infectious bodily fluid can cause an exposure incident. Indirect contact with a contaminated object, such as a countertop, bedding, or clothing, can also cause an exposure incident.

### 4. How long can the Hepatitis B virus remain infectious outside of the body?

- a. 5 days
- b. 14 days
- c. 3 days
- d. 7 days

**How can you protect yourself?**

Generally, engineering controls, work practice controls, and personal protective equipment are most common exposure control methods. Each of the actions below are effective methods to help protect against exposure to bloodborne pathogens.

- Get the hepatitis B vaccine
- Read and understand your employer’s Exposure Control Plan
- Dispose of used sharps promptly into an appropriate sharps disposal container
- Use sharps devices with safety features whenever possible
- Use personal protective equipment (PPE), such as gloves and face shields, every time there is a potential for exposure to blood or body fluids
• Clean work surfaces with germicidal products

If you are exposed to bloodborne pathogens, take the following actions:

• Wash needlesticks and cuts with soap and water
• Flush splashes to nose, mouth, or skin with water
• Irrigate eyes with clean water, saline, or sterile wash
• Report all exposures promptly to ensure that you receive appropriate follow-up care

5. Which of the following is an effective way to protect against exposure to bloodborne pathogens?

   a. Irrigate eyes with germicidal cleaner
   b. Recapping needles prior to reusing
   c. Cleaning work surfaces at the end of the workday
   d. Using gloves and face shields

Scenario

Jasmine is a daycare worker taking care of children between the ages of 6 months and 12 years. Kevin is a 3-year-old child at the daycare center and has been complaining of a stomachache. Suddenly Kevin begins to vomit unexpectedly. After Kevin's parents have been called to pick him up, Jasmine is asked to clean up the mess.

Should Jasmine be concerned about bloodborne pathogens?

Yes!

Although vomit is not documented as a risk for transmitting bloodborne pathogens, it is often impossible to determine if there is blood mixed in with the vomit. Even a very small amount of blood has the potential to transmit disease. You should always prevent contact with bodily fluids, regardless of whether blood is visible in the fluids.
Module 4: The Exposure Control Plan

The Exposure Control Plan

An employer exposure control plan (ECP) is a requirement of 29 CFR 1910.1030(c) of the Bloodborne Pathogens Standard established by the Occupational Safety and Health Administration (OSHA). The purpose of the ECP is to establish procedures to eliminate or minimize employee exposure to bloodborne pathogens.

1. The purpose of the Exposure Control Plan (ECP) is to _____.
   a. help employees after they've been exposed to bloodborne pathogens
   b. establish procedures to create or increase employee exposure to bloodborne pathogens
   c. establish procedures to eliminate or minimize exposure to bloodborne pathogens
   d. reduce the employer's legal liability after an employee is exposed to bloodborne pathogens

Does your employer have an exposure control plan?

A written ECP outlines the strategies necessary to eliminate or minimize employee occupational exposure to bloodborne pathogens. This site-specific plan identifies all employee classifications which have occupational exposure to bloodborne pathogens and other potentially infectious materials.

Additional components of an ECP are:

- Engineering and work practice controls
- Personal protective equipment (PPE)
- Housekeeping
- Containment and labeling of potentially infectious materials

Another key component of the plan includes listing the site-specific means by which the facility will reduce the employee risk. These methods include appropriate training, the communication of hazards, hepatitis B vaccinations for any employee who has occupational risk of exposure,
methods for post-exposure evaluation and follow-up, proper recordkeeping, and a sharps injury log.

2. The ECP is a site-specific plan that identifies all employee classifications which have occupational exposure to bloodborne pathogens and ______.

   a. other potentially infectious materials (OPIM)
   b. hazardous conditions and activities
   c. employees sharing needles in public
   d. all other patient bodily fluids

Your employer's exposure control plan (continued)

The plan should also describe the procedure for investigating and evaluating the circumstances surrounding an exposure incident to quickly provide effective follow-up care to exposed employees. The investigation will also help each site team learn from accidents and establish new measures to prevent them from happening again.

The written ECP must be accessible to all employees. It must be reviewed and updated annually or when alterations in procedures create the possibility of new occupational exposures. Additionally, non-managerial employees who provide direct patient care must be asked to provide input in the identification, evaluation, and selection of effective controls to isolate or remove bloodborne pathogens from the workplace.

Although an employee's job description may include information regarding potential exposure to bloodborne pathogens, it may not be legally required. The employer's exposure control plan must identify all specific procedures an employee performs which may expose them to bloodborne pathogens.

Employees Must Have Access To Their Employer's Exposure Control Plan (ECP)
3. Where must the employer identify all specific procedures employees perform which may expose them to bloodborne pathogens?

   a. Job description
   b. Exposure control plan (ECP)
   c. Standard operating procedures (SOP)
   d. Employee handbook

Scenario

Steven is a new employee for AAA Manufacturing. He has been hired as a supervisor to oversee line production on the swing-shift. As a supervisor, he is expected to provide emergency medical care if an employee becomes injured or sick.

Should Steven's position be classified as having occupational exposure to bloodborne pathogens?

*Yes!*

Although providing emergency medical care is not Steven's primary responsibility, it is part of his job classification. As a result, Steven does have the potential for occupational exposure to bloodborne pathogens. Steven's employer must ensure he has the proper training and equipment to provide medical care safely and with minimal risk of occupational exposure.
Module 5: Recognize the Potential for Exposure

Employer Responsibilities to Identify Jobs at Risk

Employers must identify job classifications in which employees have occupational exposure, as well as the associated tasks and procedures in which there is a potential of exposure to blood or other infectious materials. Employers must review job classifications annually to ensure proper procedures and training is established.

1. According to the ECP, how often must employers review job classifications?
   a. Weekly
   b. Quarterly
   c. Annually
   d. As needed

What jobs are most at risk of exposure?

Occupations with a likely chance of occupational exposure include:

- first aid providers
- teachers
- daycare workers
- housekeepers
- lab workers
- firefighters
- Emergency Medical Technicians (EMTs) and paramedics
- law enforcement agents
- medical and dental personnel
An employer must review every job classification and make a determination of the potential occupational exposure for that position. Failure to properly identify potential occupational exposure can result in warnings or fines issued by OSHA.

If an occupational exposure does occur, it is important for you to follow the employer's written procedures for handling medical self-care and evaluation, as well as documenting the circumstances of the exposure.

2. What could happen if an employer does not properly identify potential occupational exposure?
   
   a. OSHA fines and/or warnings
   b. The government will shut down the business
   c. Management will be fired
   d. Employees will be fired

Scenario

Maria is an employee for a local hospital and works in their housekeeping department.

Is it Maria's responsibility to know what her occupational exposure is?

No.

It is the employer's responsibility to ensure each employee is properly trained and understands their potential occupational exposure. Further, the employer is responsible for documenting the training and maintaining all associated records. Maria has the responsibility to follow the established procedures identified in her employer's exposure control plan and ask questions if needed.

It is important to know if your job classification puts you at risk for occupational exposure. If your job classification does put you at risk, be aware that specific tasks or procedures in your job may still have the potential for exposure.
Module 6: Exposure Control Methods

Universal Precautions

The recommended infection-control concept called "universal precautions" advocates everyone's blood and body fluids be considered potentially infectious. It is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens. This eliminates the difficulty in determining risk individually.

Bloodborne Pathogen Standard 29 CFR 1910.1030(d)(1) requires:

- Employees to observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM).
- Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- Treat all blood and other potentially infectious materials with appropriate precautions such as:
  - Use gloves, masks, and gowns if blood or OPIM exposure is anticipated.
  - Use engineering and work practice controls to limit exposure.

1. Which of the following infection-control concepts advocates that everyone's blood is considered potentially infectious?
   a. Engineering practices
   b. Administrative controls
   c. Universal precautions
   d. Employee involvement

Methods To Control Hazards and Exposure

In the previous section we learned that two essential strategies OSHA specifically requires to eliminate or reduce injuries due to exposure to bloodborne pathogens are: changing hazards and changing behaviors.
Each of the two basic strategies include unique control methods, and together they form the **Hierarchy of Controls**.

In healthcare, engineering, work practice, and PPE controls are generally the most widely used methods to protect healthcare employees from exposure, so those methods are in bold type.

To eliminate or reduce exposure by changing hazards, use the following methods:

- **Elimination.** Remove the hazard.
- **Substitution.** Replace the hazard.
- **Engineering Controls.** Design equipment to isolate the hazard.

To eliminate or reduce exposure by changing behaviors, use the following methods:

- **Administrative Controls.** Develop policies, programs, and procedures to reduce exposure.
- **Work Practice Controls.** Using safe techniques and practices to reduce exposure.
- **Personal Protective Equipment (PPE).** Set up a personal barrier to reduce exposure.

1. The sharps container is the engineering control;
2. Using the sharps container is a safe work practice; and
3. Wearing gloves is a PPE control.

**2. Engineering controls minimize exposure by _____:**

a. classifying hazardous conditions
b. designing equipment
c. lean manufacturing
d. importing approved materials
Engineering Controls

Engineering controls minimize exposure in the workplace either by designing equipment to physically isolate the hazard from the worker, such as:

- sharps container for needles,
- splash guards,
- red bags for contaminated materials, and
- mechanical pipetting devices.

Work Practice Controls

Work practice controls focus on behaviors: the way tasks are performed. Each of the following is an example of a safe work practice control:

- using disposable gloves when performing emergency care;
- performing all actions involving OPIM in a way as to minimize splattering, splashing, and spraying;
- properly handling and disposing needles or sharps in sharps containers;
- disposing contaminated bandages, gauze, or linens in proper containers; and
- eliminating eating, drinking, smoking, applying make-up or lip balm, or handling contact lenses in locations with potential exposure to OPIM.

In healthcare facilities, employees are prohibited from wearing artificial nails. Food and drink must not be kept in a refrigerator, freezer, shelf, or in the general area of where blood or other potentially infectious materials are kept.

3. Which of the following is a good example of a work practice control?
   a. Disposable gloves
   b. Eliminating the need to use gloves during first aid
   c. Using disposable gloves as required
   d. Replacing disposable gloves with reusable gloves
Wash your hands!

Hand washing after an exposure can reduce your risk of infection.

Your employer must provide readily accessible hand-washing facilities or antiseptic hand cleanser or wipes if hand-washing facilities are not available.

Perform hand washing immediately after any exposure, even if you were wearing gloves. Vigorous scrubbing with soap or alcohol-based foam or gel and warm water is considered the most effective technique. This will further reduce your risk of infection resulting from an exposure.

Prohibited Practices

Practices that are completely prohibited in the workplace include: bending, recapping, and removing contaminated needles, shearing or breaking needles, and mouth pipetting or suctioning of potentially infectious material.

These practices significantly increase the risk of exposure. As a result, they should never be performed by employees.

4. Which of the following can reduce your risk of infection after exposure to a bloodborne pathogen?

   a. Putting on a new pair of gloves
   b. Wiping hands with a towel
   c. Using hand lotion
   d. Thoroughly washing hands

Alternatives

Antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes are examples of acceptable alternatives to running water.

However, when these types of alternatives are used, employees must wash their hands (or other affected areas) with soap and running water as soon as feasible.

This alternative would only be acceptable at worksites where soap and running water are not feasible.
5. What is important to remember if you have used antiseptic hand cleaner to clean your hands?

   a. Be sure to wipe your hands with a paper towel
   b. Do not eat food for at least 15 minutes
   c. Use soap and water as soon as possible
      Rinse with plain water

Scenario

Dr. Kramer owns and operates a small dental clinic in San Francisco, CA. As part of her exposure control plan, she requires her employees to wash their hands before and after working with any patients. She also requires new gloves be used with every patient.

Is this an example of engineering controls or work practice controls?

Work practice controls

Dr. Kramer is requiring her employees to do something to reduce the risk of occupational exposure. Work practice controls focus on the actions taken to minimize exposure.
Module 7: Needlestick Safety

Introduction

More than 8 million healthcare workers in the United States work in hospitals and other healthcare settings. Precise national data are not available on the annual number of needlestick and other percutaneous injuries among healthcare workers; however, estimates indicate that 600,000 to 800,000 such injuries occur annually. About half of these injuries go unreported.

Always report needlestick injuries to your employer to ensure you receive appropriate follow-up care.

Most reported needlestick injuries involve nursing staff; but laboratory staff, physicians, housekeepers, and other healthcare workers are also injured. Some of these injuries expose workers to bloodborne pathogens that can cause infection. The most important of these pathogens are HBV, HCV, and HIV. Infections with each of these pathogens are potentially life threatening and preventable.

The emotional impact of a needlestick injury can be severe and long lasting, even when a serious infection is not transmitted. This impact is particularly severe when the injury involves exposure to HIV. In one study of 20 healthcare workers with an HIV exposure, 11 reported acute severe distress, 7 had persistent moderate distress, and 6 quit their jobs because of the exposure. In addition to the exposed healthcare worker, colleagues and family members may suffer emotionally.

1. Most reported needlestick injuries involve _____.
   a. physicians
   b. laboratory staff
   c. nursing staff
   d. housekeeping staff

Needles Usually Associated Needlestick Injuries

Healthcare workers use many types of needles and other sharp devices to provide patient care. However, data from hospitals show only a few types of needles and other sharp devices are associated with the majority of injuries. Needles often associated with needlestick injuries include:

- hypodermic needles
• blood collection needles
• suture needles
• needles used in IV delivery systems

Injuries can occur at every stage of their use, disassembly, or disposal. A report from the Centers for Disease Control and Prevention (CDC) lists the following percentages for injury rates involving hollow-bore needles:

• During use: 52%
• After use, before disposal: 19%
• During or after disposal: 22%

2. Needlesticks occur most often _____.
   a. during use
   b. before use
   c. after use but before disposal
   d. during or after disposal

Work Practices Increasing the Risk of Needlestick Injuries

Past studies have shown that needlestick injuries are often associated with these activities:

• recapping needles
• transferring a body fluid between containers
• failing to dispose of used needles properly in puncture-resistant sharps containers

Past studies of needlestick injuries have shown that 10% to 25% occurred when recapping a used needle. Although recapping by hand has been discouraged for some time and is prohibited under the OSHA bloodborne pathogens standard [29 CFR 1910.1030] unless no alternative exists, 5% of needlestick injuries in hospitals are still related to this work practice. Injury may occur when a healthcare worker attempts to transfer blood or other body fluids from a syringe to a specimen container (such as a vacuum tube) and misses the target. Also, if used needles or
other sharps are left in the work area or are discarded in a sharps container that is not puncture resistant, a needlestick injury may result.

3. According to past studies, which activity does NOT commonly result in needlestick injuries?

   a. Hand recapping needles
   b. Transferring body fluids between containers
   c. Disposing of hazardous waste bags
   d. Failing to dispose of used needles properly

Safer Medical Devices

Safer medical devices must be evaluated annually for their effectiveness in preventing occupational exposures to blood and other potentially infectious materials. Selecting a safer device based solely on the lowest cost is not appropriate, and selection must be based on employee feedback and device effectiveness. If commercially available safer devices are available and appropriate, the use of the safer devices must be implemented.

Examples of safer medical devices are:

   • a syringe with a protective shield surrounding the needle; or
   • a syringe with a retractable needle; or
   • a lancet with a retractable blade; or
   • a device with a blunt tip; or
   • a device that has no needle.

4. Selecting a safer medical device must be based on _____.

   a. total cost over time and device efficiency
   b. manufacturer criteria and build time
   c. lowest cost to build the device
   d. device effectiveness and employee feedback
**Preventing Needlestick Injuries**

Needlestick safety can best be addressed in the setting of a comprehensive prevention program that considers all aspects of the work environment and that has employee involvement as well as management commitment.

You can help protect yourself from needlestick injuries by:

- avoiding the use of needles where safe and effective alternatives are available
- helping your employer select and evaluate devices with safety features that reduce the risk of needlestick injury
- using devices with safety features provided by your employer
- avoiding recapping needles
- planning for safe handling and disposal of needles before using them
- promptly disposing of used needles in appropriate sharps disposal containers
- reporting all needlestick and sharps-related injuries promptly to ensure you receive appropriate follow-up care
- telling your employer about any needlestick hazards you observe
- getting a hepatitis B vaccination

**5. Where should you place used needles?**

a. Sharps disposal container
b. Leave on counter for housekeeping
c. Tape needle and put in the garbage
d. Take them home

**Case Studies**

The following case reports briefly describe the experiences of three healthcare workers who developed serious infections after occupational exposures to bloodborne pathogens. Their
cases illustrate preventable hazardous conditions and practices that can lead to needlestick injuries.

Case 1
A hospitalized patient with AIDS became agitated and tried to remove the intravenous (IV) catheters in his arm. Several hospital staff members struggled to restrain the patient. During the struggle, an IV infusion line was pulled, exposing the connector needle that was inserted into the access port of the IV catheter. A nurse at the scene recovered the connector needle at the end of the IV line and was attempting to reinsert it when the patient kicked her arm, pushing the needle into the hand of a second nurse. The nurse who sustained the needlestick injury tested negative for HIV that day, but she tested HIV positive several months later.

Case 2
A physician was drawing blood from a patient in an examination room of an HIV clinic. Because the room had no sharps disposal container, she recapped the needle using the one-handed technique. While the physician was sorting waste materials from lab materials, the cap fell off the phlebotomy needle, which subsequently penetrated her right index finger. Approximately 2 weeks after the needlestick, the physician developed flu-like symptoms consistent with HIV infection. She was found to be positive for HIV when tested 3 months after the needlestick exposure.

Case 3
A nurse sustained a needlestick injury to her finger while removing a hypodermic needle from a patient's arm. At the time of the injury, the source patient had apparent acute non-A, non-B hepatitis. The nurse developed hepatitis 6 weeks after the needlestick injury. Her liver enzymes remained elevated for nearly a year. Later examination of serum samples from the nurse and the source patient showed that both persons were infected with HCV.

Source: NIOSH Publication No. 2000-108
Module 8: Universal Precautions

Universal precautions are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or healthcare. Universal precautions apply to blood and to other body fluids containing visible blood. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens.

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Standard precautions apply to:

1. blood;
2. all body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood;
3. non-intact skin; and
4. mucous membranes.

Standard Precautions include:

1. hand hygiene
2. use of personal protective equipment (e.g., gloves, masks, eyewear)
3. respiratory hygiene / cough etiquette
4. sharps safety (engineering and work practice controls)
5. safe injection practices (i.e., aseptic technique for parenteral medications)
6. sterile instruments and devices
7. clean and disinfected environmental surfaces
1. A primary control strategy designed to prevent transmission of the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or healthcare is called _____.
   
   a. nationally approved standards  
   b. engineering controls  
   c. universal precautions  
   d. work practice controls

**Application of Universal Precautions**

Protective measures using universal precautions apply to:

- Human blood, other body fluids containing visible blood, semen, and vaginal secretions.

- Tissues and to the following fluids:
  
  - cerebrospinal,
  - synovial,
  - pleural,
  - peritoneal,
  - pericardial, and
  - amniotic fluids.

Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.

Universal precautions do not apply to the following fluids and materials unless they contain visible blood:

- Feces, nasal secretions, sputum, sweat, tears, urine, and vomitus.

- Saliva, except when in the dental setting where blood contamination of saliva is predictable.
2. Universal precautions do not apply to many bodily fluids and materials unless _____.
   a. they have been known to contain blood
   b. they may contain blood
   c. they contain visible blood
   d. they have dried on surfaces

Personal Protective Equipment

Universal precautions involve the use of personal protective equipment such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the healthcare worker’s skin or mucous membranes to potentially infective materials. In addition, under universal precautions, it is recommended that all healthcare workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

Pregnant Healthcare Worker Precautions

Pregnant healthcare workers are not known to be at greater risk of contracting HIV infection than are healthcare workers who are not pregnant; however, if a healthcare worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant healthcare workers should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV transmission.

3. Why should pregnant healthcare workers be especially familiar with, and strictly adhere to, universal precautions?
   a. Their level of exposure is higher than other healthcare workers
   b. They are more likely to become infected than others
   c. To prevent hormonal imbalance in the infant
   d. To minimize the risk of HIV transmission

Scenario

Robert is interviewing for a nursing position with St. Vincent Hospital in Portland, OR. During the interview he is asked to explain the difference between "universal precautions" and "personal protective equipment".

How should Robert answer this question?
Personal protective equipment refers to equipment designed to reduce or prevent exposure to blood or other potentially infectious materials. Examples of personal protective equipment are: disposable gloves, gowns, face masks, eye shields, and lab coats.

Universal precautions include the use of personal protective equipment, but also include engineering and work practice controls designed to prevent exposure to blood and other potentially infectious materials.
Module 9: Personal Protective Equipment

Using Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is specialized clothing or equipment that protects you from exposure to blood or other potentially infectious material.

Personal protective equipment is designed to keep blood and other potentially infectious material away from your skin, eyes, and mouth.

Examples of PPE include:

- disposable gloves,
- gowns,
- laboratory coats,
- protective face shields,
- resuscitation masks or shields,
- and mouth pieces.

Any equipment necessary to prevent exposure to blood or other potentially infectious material is considered PPE.

1. Which of the following is an example of acceptable personal protective equipment?
   a. Laboratory coat
   b. Thermometer
   c. Needle shield
   d. Winter gloves

Effective PPE

Effective personal protective equipment must not allow potentially infectious materials to pass through or reach your skin, eyes, mouth, or clothes under normal conditions of use.

General work clothes, such as uniforms, pants, shirts, or blouses, which are not intended to function as a protective barrier against hazards, are not considered to be PPE.
2. Which of the following is NOT an acceptable form of PPE?
   a. Laboratory coat
   b. Thermometer
   c. Face shields
   d. Face masks

**Employer Responsibilities**

An employer must ensure employees use appropriate personal protective equipment.

Your employer must make PPE available to you in the appropriate size and at no cost. Non-latex alternatives must also be made available to employees who have allergic sensitivity to latex. Employers must also properly clean, launder, repair, replace, or dispose of contaminated PPE as needed at no cost to the employee.

Employees should never take contaminated clothing home to be washed. This can increase the chance of accidental exposure to themselves and their family.

_Employees should never take contaminated clothing home to be washed._

3. Who is responsible for cleaning, repairing, and replacing PPE?
   a. The PPE user
   b. The safety committee
   c. The employer
   d. Each employee

**Disposable Gloves**

Disposable gloves should be a standard component of emergency response and first aid equipment and should be worn by anyone initiating emergency care.

It is best to always wear disposable gloves when providing first aid care.

Replace your gloves as soon as possible if they are torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
Remove contaminated gloves by turning them inside out. Be careful to prevent any splashing or spraying of potentially infectious material. You should always wash your hands after removing your gloves, even if you don't think they were contaminated.

4. Remove contaminated gloves by ______.
   a. cutting them off with a scissors
   b. having a coworker pull them off
   c. pulling them off finger first
   d. turning them inside out

Face Shields

Wear face shields when splashes, sprays, spatters, or droplets of infectious material pose a hazard to your eyes, nose, or mouth. It is always better to be prepared and wear a face shield if there is any chance of potential exposure to your eyes, nose, or mouth.

Pocket CPR Mask and Gloves

Use a disposable ventilation mask or shield with a one-way valve to prevent an exposure when performing rescue ventilations during CPR. It is common for patients to vomit during CPR due to excess air in the stomach.

Contaminated Protective Equipment

Place contaminated protective equipment in appropriately designed areas or containers for cleaning or disposal. These areas or containers should be properly labeled and identified in your employer's exposure control plan.

5. When performing CPR, it is best to ______.
   a. wear cloth gloves
   b. use two-way valves
   c. be prepared for patient to vomit
   d. rinse with diluted hydrogen peroxide
**Scenario**

Sarah is a medical laboratory technician. As part of her job duties she analyzes blood and body fluid samples. Sarah was recently reprimanded for not wearing disposable gloves to perform her work duties. She tells her supervisor the gloves make it hard for her to handle the collection containers and that she would prefer not to wear gloves.

**What should Sarah’s supervisor tell her?**

Sarah's supervisor **must** tell her the use of personal protective equipment is not optional. She must wear the gloves. The supervisor should also ask Sarah if the gloves are the correct size and fit for her hands. If the gloves are not the correct size, then this issue must be resolved as well. Only under very rare circumstances can an employee decline the use of personal protective equipment.
Module 10: Laboratory Safety

The bloodborne pathogens standard has two classifications for laboratories: (1) a clinical laboratory is a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials, and (2) a research laboratory is a laboratory producing or using research-laboratory-scale amounts of HIV or HBV.

Laboratory Types

"Clinical (or diagnostic) laboratories" are hospital labs, free-standing clinical or diagnostic labs, labs in dental or medical offices, blood and plasma center labs, dental labs, and laboratories preparing a substance or mixture from human blood or blood components. Laboratories that conduct research using blood or blood components but do not produce or use concentrated amounts of HIV or HBV, would also be considered a clinical (or diagnostic) laboratory.

"Research laboratories" means a laboratory producing or using research-laboratory scale amounts. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in the production facilities. Production facilities may produce high volumes of HIV or HBV, but not high concentrations of the viruses.

1. Diagnostic or screening procedures are performed on blood at _____.
   a. process laboratories
   b. research laboratories
   c. clinical laboratories
   d. production laboratories

Clinical and Diagnostic Laboratory Safety

Clinical and diagnostic laboratories must follow the general provisions of the bloodborne pathogens standard, including but not limited to, needlestick and sharps safety, engineering controls, work practice controls, universal precautions, and the use of personal protective equipment.

Additional laboratory safe practices include:

- careful monitoring of work behaviors and habits to prevent exposures
- no mouth pipetting or suctioning of blood or other potentially infectious materials
• no eating, drinking, smoking, applying cosmetics or lip balm, or handling of contact lenses in work areas where there is a reasonable likelihood of exposure to bloodborne pathogens

• no storage of food or drink in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where bloodborne pathogens or other potentially infectious materials are present

• use splatter guards to prevent exposure

• use sensor or foot/knee/elbow-controlled sinks to operate hand-washing facilities without using hands

• use biological safety cabinets when required

• centrifuge tubes with caps

2. Which of the following is an unsafe work practice in clinical laboratories?
   a. Using splatter guards
   b. Capping centrifuge tubes
   c. Mouth pipetting
   d. Storing food in designated areas

Research Laboratory Safety

In addition to the general provisions of the bloodborne pathogens standard, research laboratories must also follow additional guidelines established by section 29 CFR 1910.1030(e) of the standard.

Waste materials:

• All regulated waste must be either incinerated or decontaminated by a method, such as autoclaving, that is known to effectively destroy bloodborne pathogens.

• Contaminated materials that are to be decontaminated away from the work area must be placed in a durable, leak-proof, labeled or color-coded container that is closed before being removed from the work area.
Access:

- Laboratory doors must be kept closed when work involving HIV or HBV is in progress.
- Access to the work area must be limited to authorized persons.
- Access doors to the work area must be self-closing.
- Work areas must be separate from areas that are open to unrestricted traffic within the building.
- The surfaces of doors, walls, floors, and ceilings in the work area must be water resistant so they can be cleaned easily.

3. How must regulated waste be disposed of?
   a. Bagged and placed in dumpsters
   b. Placed in water-proof containers
   c. Buried in biodegradable bags
   d. Incinerated or decontaminated

Labels:

- When other potentially infectious materials or infected animals are present in the work area, a hazard warning sign with the universal biohazard symbol must be posted on all access doors.

Engineering controls and work practices:

- All activities involving other potentially infectious materials must be conducted in biological safety cabinets; no work with these infectious materials may be conducted on the open bench.
- Each work area shall contain a sink for washing hands and a readily available eye wash facility; the sink shall be foot/knee/elbow or sensor operated and located near the exit door of the work area.

Needlestick or sharps safety:
• Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles.

• Extreme caution must be used when handling needles and syringes.

• A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use.

• The needle and syringe must be promptly placed in a puncture-resistant container and decontaminated before reuse.

4. All activities involving other potentially infectious materials must be conducted in _____.
   a. open benches
   b. biological safety cabinets
   c. in ventilated spaces
   d. secure closets

Scenario

Ben is a medical laboratory technician working in a local hospital. Before each shift, Ben buys a large cup of coffee from the hospital food court. While working, Ben keeps his cup of coffee on a table in the lab away from his work station.

*Is Ben following the bloodborne pathogens standard?*

No.

The standard clearly states that drinks cannot be kept in a work area where there is reasonable exposure to blood or other potentially infectious materials. Food and drink must be kept in designated areas completely free of reasonable exposure. One concern OSHA has expressed with keeping drinks in a work area is the potential for contaminating the drink container, potentially resulting in an indirect exposure.
Module 11: Hepatitis B (HBV) Immunization

Getting vaccinated

The best way to prevent hepatitis B is by getting vaccinated.

The hepatitis B vaccine is considered one of the safest and most effective vaccines ever made. Numerous studies looking at the vaccine's safety have been conducted by the Centers for Disease Control and World Health Organization.

The rate of hepatitis B infections has declined by about 82% since 1991, when vaccination against HBV began.

Your employer must offer you a hepatitis B vaccination series if you have a risk of occupational exposure to blood or other potentially infectious materials. Your employer must pay for the cost of the vaccination series. You must be offered the vaccination before you undertake tasks that expose you to potentially infectious materials, and at a reasonable time and location.

1. When should your employer offer the vaccination for HBV?
   a. If you may be exposed to human blood or OPIM
   b. Within one week of hire and assignment
   c. After you are exposed to bloodborne pathogens
   d. After you are exposed to OPIM

Three shots!

The hepatitis B immunization series requires three separate injections.

The hepatitis B vaccine is very effective in protecting against the hepatitis B virus. Approximately 90 percent of people who receive the vaccine will become fully immune to the virus. It is given in a series of three shots. The entire series of shots is required to provide full immunity. The vaccine is safe with very few adverse reactions.

Typical Vaccination Schedule:

The first injection can be administered at any given time. The second injection must be given at least one month after the first, and the third injection must be given six months after the first.
2. The second injection for the HBV vaccination should be given at least _____ after the first.
   a. 1 month  
   b. 3 weeks  
   c. 2 weeks  
   d. 1 week

A licensed physician or other healthcare professional will perform or supervise the vaccinations.

Your employer does not have to offer you the vaccination series if you have previously received the complete series or have tested as immune to HBV.

You can decline the vaccination for hepatitis B after being informed of the risks and benefits. To do this, you must sign a declination form. If you initially decline the vaccination for hepatitis B, you can later request it from your employer at no charge.

There are currently two vaccines used to prevent hepatitis B infection in the United States. Neither vaccine contains blood products. You cannot get hepatitis B from these vaccines.

3. If you wish to decline the vaccination for Hepatitis B, you must _____.
   a. quit the job  
   b. tell your supervisor  
   c. sign a declination form  
   d. don’t attend the scheduled appointment

Scenario

Tony has just been accepted to a local paramedic training program. Before beginning the program, the school requires students to receive the hepatitis B vaccination and pay for it themselves.

Is the school required to pay for the vaccination?

No.

Typically, only employers are required to pay for the hepatitis B vaccination series. Post-secondary schools can require the vaccination series as an admissions requirement and require the applicant to pay for the cost. There have been instances where public school
districts (K-12) have been required to pay for the vaccination series if there is a potential for the student to be exposed to bloodborne pathogens as part of their coursework.
Module 12: When an Exposure Occurs

What to do When You are Exposed

When an exposure occurs, immediate self-care is the highest priority. Flush potentially contaminated materials from the mucous membranes of the eyes, nose, and mouth with large amounts of running water.

Allow a puncture wound from a potentially contaminated sharp object to bleed. Wash the wound with soap and water.

Wash potentially contaminated material off your skin with soap and water as quickly as possible after an exposure. Washing is especially important when you have cuts, rashes, or scrapes on your skin.

When available, use a face and eye wash station to flush the eyes, nose, or mouth if they are exposed to blood or bodily fluids.

1. While providing first aid treatment to a fellow employee, Maria had blood sprayed into her eyes. What should Maria do first?
   a. Report the incident to her supervisor
   b. Provide immediate self-care
   c. Go to the hospital
   d. Continue working

What do you do next?

After self-care, report the exposure incident without delay. This allows for timely testing of the source individual and, if necessary, the employee.

You will be directed to a healthcare professional for medical evaluation as soon as possible after receiving the source individual's test results. The evaluation will document the route of exposure and how the exposure occurred. There is no cost to you for this evaluation.
2. What action should you take after completing self-care following exposure to bloodborne pathogens?

   a. Report the incident
   b. Continue working
   c. Call a doctor
   d. Go to the hospital

Post-Exposure Therapy

If you are exposed to HIV-infected blood, most medical facilities offer short-term therapy called Post-Exposure Prophylaxis (PEP). This therapy must begin as soon as possible after the exposure. PEP can reduce the risk of getting HIV by as much as 80 percent.

The evaluation will also include counseling and education regarding the testing process and the ramifications of the exposure. This includes sexual practices information for the six-month post-exposure evaluation period.

The employer must obtain and provide the worker with a copy of the evaluating healthcare professional’s written opinion within 15 days of completion of the evaluation. According to OSHA’s standard, the written opinion should only include: whether hepatitis B vaccination was recommended for the exposed worker; whether or not the worker received the vaccination, and that the healthcare provider informed the worker of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. Any findings other than these are not to be included in the written report.

3. What should you do to reduce the risk of getting HIV after exposure?

   a. Investigate alternative treatments
   b. Get blood tests every three months
   c. Begin Post-Exposure Prophylaxis
   d. See the doctor as soon as symptoms surface
**Scenario**

Patrick is a nurse working in the emergency department of the local hospital. During one of his shifts he is accidentally jabbed by a used needle. The needle punctures his skin and draws blood.

**What should Patrick do?**

**Immediate self-care is Patrick's first priority.**

He needs to allow the puncture wound to bleed, hopefully flushing any contaminants out of his body. Next, he should wash the affected area thoroughly with soap and water.

After self-care, Patrick needs to report the incident to his direct supervisor, so an injury report can be completed. Patrick will then be seen by a healthcare professional to determine the best course of treatment for him. Sometimes it is possible to test for various diseases if the exposure source can be identified. This is not always possible.
Module 13: Housekeeping

What is housekeeping?

"Housekeeping" refers to ensuring a worksite is maintained in a clean and sanitary condition.

An employer must implement an appropriate written schedule for cleaning and determine the best method to decontaminate each location within a facility.

There are four types of regulated waste that require special handling:

1. Liquid or semi-liquid blood or potentially infectious materials
2. Contaminated items that could release potentially infectious material in a liquid or semi-liquid state
3. Items caked (solid or dry) with potentially infectious materials that are capable of releasing these materials during handling
4. Contaminated sharp objects

1. The EPA and OSHA define pathological and microbiological wastes containing blood or other potentially infectious materials as _____.
   a. "contained waste"
   b. "contaminated waste"
   c. "hazardous waste"
   d. "regulated waste"

Potentially Biohazardous Waste

It is of the utmost importance that infectious waste be safely contained.

- Infectious waste should be placed in specially designed containers constructed to contain the contents.

- The containers need to be leak-proof, labeled or color coded, and closed prior to removal to prevent spills.

- If a container is leaking, place it in a secondary leak-proof container.
2. Infectious waste containers need to be _______.
   a. leak-proof, labeled or color-coded
   b. disposed of in dumpsters in a timely manner
   c. designed to reduce over-pressure buildup
   d. labeled in both English and the native language

Contaminated Laundry

"Contaminated laundry" refers to laundry that is soiled with potential infectious material or that may contain sharp objects, such as needles.

When working with contaminated laundry, the following guidelines should be followed:

- Contaminated laundry should be handled as little as possible.
- Wear gloves when handling contaminated laundry, and place it in labeled, leak-proof bags or containers before transporting it.
- Never take contaminated protective clothing home for laundering, even if it is personal clothing.
- Pick up potentially contaminated broken glassware using mechanical means only, such as tongs, forceps, or brush and dustpan.
- Never use your hands, even if you are wearing gloves.

3. What is the correct procedure for picking up contaminated glass?
   a. Use the thumb/forefinger technique
   b. Use mechanical means only
   c. Use only leather gloves
   d. Use hand to place the glass into a sack

Contaminated items should not be stored or processed in a way that requires you to reach into containers.

Work practice controls should be established to prevent you from reaching into a container to remove potentially contaminated items, such as glassware or needles.
All equipment and work surfaces that could become contaminated should be cleaned and decontaminated routinely using an appropriate disinfectant while wearing PPE.

All pails, bins, and similar reusable receptacles should be decontaminated on a regular basis and as soon as possible after visible contamination is noticed.

4. Which of the following strategies should be used to prevent employees from reaching into contaminated containers?
   a. Common sense
   b. Safety policies and rules
   c. Administrative guidelines
   d. Engineering and work practice controls

Scenario

Kevin is a custodial engineer for a local middle school. As part of his job duties, he is required to clean the health room daily. It is common for students to have minor injuries or ailments, such as nose bleeds or a skinned knee, during the school day.

What housekeeping issues does Kevin face?

It is important all contaminated materials, such as bloody gauze, is contained, labeled, and disposed of properly. Kevin should wear PPE, such as gloves, when performing this task. Kevin should decontaminate the health room surfaces daily using an approved method and appropriate disinfectant. If visible blood or body fluids are present on a surface, the fluid should be cleaned, and the surface decontaminated immediately.
Module 14: Communicating a Hazard in the Workplace

Primary Methods of Communicating: Signs and Labels

Signs and labels that alert you to the presence of potentially infectious material and the risk of exposure are vital to a workplace with occupational exposure to potentially infectious materials.

Be sure you are aware of and abide by all signs and labels signaling hazards and hazardous material.

Signs should have a fluorescent orange or orange-red background with a black "biohazard" symbol in the foreground.

Labels must contain the biohazard symbol and must have the word "Biohazard" written on them.

A biohazard label or sign should be attached to each object or container of contaminated material by string, wire, adhesive, or another method that prevents loss or unintentional removal of the label or sign.

When red bags or containers with the biohazard symbol on them are used, a sign or label is not necessary.

Also, when medical laboratory personnel are drawing and testing blood samples, the individual containers housing potentially infectious materials do not need to be labeled.

Properly indicating contaminated material using labels and signs will greatly reduce the risk of accidental exposure to the contaminated material. It is important to maintain appropriate container labeling at all times.

Annual training must be conducted for all employees with occupational exposure.
1. Signs used to warn of potentially infectious materials should have a ________.
   a. fluorescent yellow background with a black "lightning bolt" symbol in the foreground
   b. fluorescent red background with a black "radioactivity" symbol in the foreground
   c. fluorescent orange or orange-red background with a black "biohazard" symbol in the foreground
   d. red background with a black "skull" symbol in the foreground

Information and Training

All employees (including part-time and temporary employees) with occupational exposure in the organization should participate in a training program that is provided at no cost during working hours. The training materials used should be appropriate in content and vocabulary to the educational and literacy levels and are conveyed in the language of the employees.

The training materials should clearly state the objectives of the training. Trainers should be knowledgeable in the subject matter covered by the training program as it relates to the workplace. All employees should have an opportunity for interactive questions and answers with the person(s) conducting the training. If computer or online training is used, it should provide an opportunity for a person knowledgeable about the training material to be available to answer questions.

2. Which one of the following criteria is NOT required by OSHA for bloodborne pathogens training?
   a. it must require an 80% passing score on exams
   b. it must be conducted during normal work hours
   c. it must be paid for by the employer
   d. it must be conveyed in the language of employees

Training Program Elements

The Bloodborne Pathogens training program should include information and explanations of at least the following:

- Epidemiology, symptoms, and modes of transmission of bloodborne diseases
• The Exposure Control Plan that has been implemented and how to obtain a copy of the written plan

• Appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM

• Use and limitations of methods that will prevent or reduce exposures, including appropriate engineering, administrative or work practice controls, and personal protective equipment (PPE)

• The basis for selection of PPE

• Types, proper use, location, removal, handling, decontamination, and disposal of PPE

• Hepatitis B vaccination series, including its efficacy, safety, method of administration, benefits, and the fact that the vaccination will be offered to employees free of charge

• Appropriate actions to take and persons to contact in an emergency involving blood or OPIM

• Procedure to follow if an exposure incident occurs, including the:
  
  o  Method of reporting the incident

  o  Medical follow-up that will be made available

  o  Procedure for recording the incident in the sharps injury log

  o  Post-exposure evaluation and follow-up that will be made available to employees

• Signs, labels, and/or color coding that are used
3. Which of the following topic need NOT be presented during bloodborne pathogens training?

   a. signs, labels, and color-coding used on containers
   b. Progressive disciplinary procedures for non-compliance
   c. Types, proper use, location, removal, handling, decontamination, and disposal of PPE
   d. The procedure to follow if an incident occurs

Frequency of Training

Training should be provided at the time of employees' initial assignment (to tasks in which occupational exposure may occur) and at least annually thereafter (i.e., within one year of their previous training).

Additional training, limited to addressing the new exposures created, is provided to the employee whose occupational exposure is affected by:

- Introduction of new engineering, administrative, or work practice controls
- Changes or modifications in existing tasks or procedures
- Institution of new tasks or procedures

4. Training should be provided at the time of an employee's initial assignment in which occupational exposure may occur, and at least ________.

   a. semi-annually thereafter
   b. annually thereafter
   c. every 2 years thereafter
   d. every 3 years thereafter

Scenario

Jennifer works for a computer parts manufacturer. One of her job duties is to perform housekeeping tasks for her section of the warehouse. During her last shift an employee was injured and required first aid treatment, producing contaminated clothing and personal protective equipment. This contaminated material needs to be labeled and disposed of.
How should Jennifer dispose of this contaminated material?

Jennifer needs to use appropriate personal protective equipment while working with the contaminated materials.

She must also place the contaminated material in a leak-proof bag that is labeled with the symbol and word "Biohazard".

Jennifer should then dispose of the bag based on her employer’s exposure control plan.
Citations


