

## WELCOME – STEP 1

1. Welcome to the September Safety Toolkit –Bloodborne Pathogens. You play an important role in the health and safety across the company, and we thank you for your contribution! Without your focus and dedication to making safety a priority, our people would suffer, our clients would suffer, and our families would suffer. We hope you find the safety tools provided in this Toolkit and in Toolkits like this in the coming months as just some of the many resources afforded to you to communicate Bloodborne Pathogens. As always, the work you do matters, and we are so grateful to have you on the team!

## HOW TO USE THIS SAFETY TOOLKIT

1. Supervisor/Lead Script – Start Here! Way to go! Now keep reading and you'll be all set. This script sets you up for success.
2. Supervisor/Lead PowerPoint – Use this as a training moment for your team. Everything you need to know and communicate for each slide is contained in this script! Skip ahead if you are ready to give this training to your team. It's always a good time to learn about Bloodborne Pathogens. The presentation should last about 1 hour & 6 minutes depending on group participation.
3. Teaching Tool – We have included a Bloodborne Pathogens Quiz and Answer Key to test your knowledge.
4. Site Communication Poster – A PDF version of the monthly infographic if you would like to display it at your workplace.
5. Sign-In Sheets – Please complete this form when completing Bloodborne Pathogens training and turn-in to the appropriate point of contact as a record of training.
6. What's next? – Use this QR code for yourself AND share it amongst everyone on your team for additional safety resources based on the theme of Bloodborne Pathogens. Look for Interactive resources, recommendations for phone apps, checklists, handouts, and more. Check it out!



## SUPERVISOR/LEAD POWERPOINT SCRIPT – STEP 2

### NOTES ON THESE SLIDES:

- KLP: Key Learning Point (objective of the slide)
- F: Facilitator

## Slide 1: Title Page (30 Seconds)

**KLP:** You set the tone. If you believe safety is important, the audience will believe safety is important.

The facilitator opens the session by welcoming everybody to the training and noting the monthly focus – Bloodborne Pathogens.

**F:** Today's task is to attend training on Bloodborne Pathogens. Cell phones should be turned off or silenced during this training. If you need to take a call, please go to (designated area), take the call, and return as soon as possible. {Address any other important announcements or business now.}

## Slide 2: Housekeeping (1 Minutes)

**KLP:** Opportunity for a HSE (Health Safety and Environmental) Moment

**F:** Prior to training, determine if any fire drills are planned and the response expected from the facility and muster points if alarms should go off. It is important to remind employees that should they need to leave the location at any time, they should inform the Facilitator because, in the event of a fire incident, we need to know their whereabouts. This is an opportunity right at the start of the day to brief the employees on HSE procedures in general for the running of the training course. [If your job site is outdoors, do not overlook this safety moment. Adjust the plan in the event of a job site fire.]

**F:** Hello Team, I have verified with the HSE department and have confirmed that there are no Fire Drills or Emergency Drills scheduled for today. If we hear an alarm, we will follow site protocol for emergency response.

**F:** {Point out the fire exits and muster point}

**F:** Once we are at the muster points, we will do a role call to account for all attendees.

## Slide 3: Presenter (2 Minutes) & Introductions (5 Minutes)

**F:** {This is your moment! This is a chance to visibly “Walk the Talk”}

Share:

- Your personal experience of safety and impact on the company

- Importance of making the most of this opportunity to think about the importance of HSE and discuss with employees
- Appreciate that you are a leader and that you make an impact
- Importance of taking personal responsibility to make a positive impact
- You get out of this training what you put into it
- HSE matters to our company
- The safety program is going to help people feel empowered and take the initiative to improve their own HSE performance through proactive attitudes and behaviors.

You may wish to share:

- A story of your experience in the safety program and how it has changed the way in which you behave.
- Some lessons learned from an incident when you have been involved in the investigation, highlighting the devastating impact that accidents have on people's lives, or you can describe your experience of being involved in an environmental incident. How did this affect the company, and more importantly, affect the lives of others not working for the company.

**F:** Go around the room and ask everyone to give their name and what their position is. {Wait for their responses, smile, and nod as they participate. Be careful about timing here---if you ask an additional intro question of the participants and give a long-winded answer yourself, your participants will follow with long stories/explanations, and you can accidentally take up a lot of time.}

#### Slide 4: Why am I here? (1 Minute)

**F:** Each one of us is the last line of defense to protect workers from injury or the environment from damage, should management systems and collective protections fail. Supervisors and workers are the KEY to HSE. We can promote or destroy the HSE climate through our own behavior and how other workers perceive it.

**F:** Supervisors and workers are responsible for enforcing safety rules. Regardless of our position, employment status, or background, everyone is responsible for HSE, and everyone can be a HSE leader by demonstrating positive attitudes and behavior.

#### Slide 5: What are Bloodborne Pathogens (2 Minutes)

**F:** Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV)

and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens. Workers in many occupations, including first responders, housekeeping personnel in some industries, nurses and other healthcare personnel, all may be at risk for exposure to bloodborne pathogens.

### Slide 6: Hepatitis B (HBV) (2 Minutes)

**F:** Hepatitis B Virus (HBV) causes serious liver disease (Hepatitis B), which can become a chronic condition that causes permanent scarring of liver, leading to liver failure or liver cancer; estimated 2,000-4,000 deaths per year in U.S.

**F:** Symptoms include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, joint pain, jaundice

- c. HBV is much more transmissible than HIV; risk of infection from single needlestick is 6%-30% (CDC 1997)
- d. 50% of infected people are unaware that they have HBV
- e. HBV can survive for at least one week in dried blood on environmental surfaces or contaminated needles and instruments

**F:** The risk of health care workers being exposed to HIV on the job (occupational exposure) is very low, especially if they use protective practices and personal protective equipment to prevent HIV and other blood-borne infections. For health care workers on the job, the main risk of HIV transmission is from being stuck with an HIV-contaminated needle or other sharp object. However, even this risk is small. Scientists estimate that the risk of HIV infection from being stuck with a needle used on an HIV-infected person is less than 1%.

### Slide 7: Hepatitis C (HCV) (2 Minutes)

**F:** Hepatitis C Virus (HCV) Causes chronic illness (Hepatitis C); attacks the liver and leads to inflammation; chronic infection develops in 75%-85% of patients, with 70% developing active liver disease (CDC n.d.); can result in long-term health problems, even death

**F:** Symptoms include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, joint pain, jaundice. Approximately 3.2 million people infected in U.S.; most have no symptoms and don't know they are infected until decades later when liver damage shows up in routine tests.

### Slide 8: Human Immunodeficiency Virus (HIV) (3 Minutes)

**F:** Human Immunodeficiency Virus (HIV) causes Acquired Immunodeficiency Syndrome or (AIDS); it attacks the immune system cells, weakening and eventually destroying the immune

system, and, thus, leaving the body at higher risk of developing more serious conditions such as pneumonia or cancer; nearly 7,000 people died from HIV/AIDS in U.S. in 2013

**F:** It is estimated that more than 1.1 million people are living with HIV; close to 1 in 5 are unaware they are infected; once infected the human body cannot get rid of the HIV completely, so people are infected for life

**F:** Some people experience flu-like symptoms (fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, or mouth ulcers) about 2-4 weeks after infection, while others may not feel sick. It is important to note that HIV does not survive long and cannot reproduce outside of a human host.

### Slide 9: Other Bloodborne Diseases (1 Minute)

**F:** Other bloodborne diseases are Caused by viruses or bacteria like Zika Virus and the Ebola Virus. They may circulate in blood for prolonged periods during at least some phases and, therefore, capable of being transmitted through blood or other potentially infectious materials but most of these types of diseases are rarely seen or contracted in the U.S.

### Slide 10: Examples of Other Bloodborne Diseases (2 Minutes)

**F:** This is a list of other bloodborne diseases – caused by viruses or bacteria; these circulate in blood for prolonged periods during at least some phases and are capable of being transmitted through blood or other potentially infectious materials; most are rare in the U.S. though.

1. Hepatitis D (HDV)
2. Syphilis
3. Malaria
4. Babesiosis
5. Brucellosis
6. Leptospirosis
7. Arboviral infections
8. Relapsing fever
9. Creutzfeldt-Jakob disease
10. Human T-lymphotropic virus type I
11. Viral hemorrhagic fever

### Slide 11: Risk of Exposure (2 Minutes)

**F:** How does exposure happen? Human blood, human blood components, and products made from human blood.

**F:** Human body fluids such as semen, peritoneal fluid, vaginal secretions, amniotic fluid, cerebrospinal fluid, saliva synovial fluid, any bodily fluid **visibly** contaminated with blood, and pleural fluid. Treat all bodily fluids as contaminated.

**F:** Any unfixed tissue or organ (other than intact skin) from a human (living or dead) could contain pathogens, and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions could be infected. Also, Blood, organs, or other tissues from **experimental animals** that are infected with HIV or HBV.

### Slide 12: Risk of Exposure (2 Minutes)

**F:** The spread of bloodborne pathogens is primarily through:

- Direct contact meaning infected blood or body fluid (mucous) from one person is transferred directly to another person
- Indirect contact is when a person touches and object that contains the blood/body fluid of an infected person
- Respiratory transmission which refers to when a person inhales respiratory droplets from an infected person (through cough or sneeze)
- Vector-borne transmission which is when a person's skin is penetrated by a bite (or other means) from an organism carrying the disease (mosquitoes, ticks, etc.)
- Examples of Modes of Transmission are:
  - Contact with another person's blood or bodily fluid that may contain blood
  - Accidental injury by contaminated sharps/needles
  - Contact with open cuts, nicks and abrasions
  - Contact with mucous membranes in eyes, mouth, nose and ears
  - Industrial accident
  - Administering first aid
  - Post-accident cleanup
  - Janitorial or maintenance work

### Slide 13: Risk of Exposure (3 Minutes)

**F:** In most work situations, transmission is most likely to occur because of accidental puncture from contaminated needles, broken glass, or other sharps; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. For example, if someone infected with HBV cut their finger on a piece of glass, and then you cut yourself on the now infected piece of glass, it is possible that you could contract the disease. Anytime there is blood-to-blood contact with infected blood or body fluids, there is a slight potential for transmission.

Unbroken skin forms an impervious barrier against bloodborne pathogens. However, infected blood can enter your system through:

- Open sores

- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

**F:** Bloodborne pathogens may also be transmitted through the mucous membranes of the eyes, nose and mouth. For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

### Slide 14: Risk of Exposure (2 Minutes)

**F:** Certain occupations are more at risk than others. Those occupations include:

- Physicians, nurses and emergency room personnel
- Orderlies, housekeeping personnel, and laundry workers
- Dentists and other dental workers
- Laboratory and blood bank technologists and technicians
- Medical examiners
- Morticians
- Law enforcement personnel
- Firefighters
- Paramedics and emergency medical technicians
- Anyone providing first-response medical care
- Medical waste treatment employees
- Home healthcare workers

### Slide 15: Exposure Control Plan (2 Minutes)

**F:** An exposure control plan is designed to identify in writing, tasks and procedures, as well as job classifications where occupational exposure to blood or other potentially infectious materials occurs. This evaluation should be without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of OSHA's bloodborne pathogen standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA.

**F:** The plan should be reviewed and updated at least on an annual basis. The plan should also be reviewed whenever new or modified tasks/procedures affect occupational exposure or when new/revised employee positions with occupational exposure are introduced.

## Slide 16: Controlling Exposures (3 Minutes)

**F:** OSHA requires that workers observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM). 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 like using appropriate PPE like masks, gloves and gowns where exposure is anticipated. Also, where exposure could be present using engineering and work practice controls to limit exposure is a best practice.

## Slide 17: Controlling Exposures (2 Minutes)

**F:** To ensure the greatest possible protection for employees in the workplace, the cooperative efforts of both employers and employees will help in establishing and maintaining a safe and healthful work environment.

**F:** In general, employers are responsible for:

- Performing a "hazard assessment" of the workplace to identify and control physical and health hazards.
- Identifying and providing appropriate PPE for employees.
- Training employees in the use and care of the PPE.
- Maintaining PPE, including replacing worn or damaged PPE, and periodically reviewing, updating and evaluating the effectiveness of the PPE program

## Slide 18: Controlling Exposures (2 Minutes)

**F:** Employees are responsible for:

- Properly wearing PPE,
- Attending training sessions on PPE,
- Care for, cleaning and maintaining PPE, and
- Informing a supervisor of the need to repair or replace PPE.

## Slide 19: Controlling Exposures (3 Minutes)

**F:** All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious

Some equipment, if grossly contaminated, must be cleaned with a soap and water solution prior to decontamination, as some anti-microbial products will not work in the presence of blood, which interferes with the sterilizing process.



Protective coverings, such as plastic wrap or aluminum foil, shall be removed and replaced as soon as possible, when they become overtly contaminated, or at the end of a work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious material shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated, must not be picked up directly with hands; use mechanical means, such as use a brush and dustpan, tongs or forceps. Just don't touch it directly with your hands.

**F:** During any decontamination efforts it is important to remind workers to follow the directions on the bottle of the product you are using. It is also important to communicate to workers not to mix any chemicals together as that could cause injury.

## Slide 20: Controlling Exposures (4 Minutes)

**F:** The term, "regulated waste," to refer to the following categories of waste which require special handling:

- (1) liquid or semi-liquid blood or OPIM;
- (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed;
- (3) items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- (4) contaminated sharps; and
- (5) pathological and microbiological wastes containing blood or OPIM.

**F:** It is the employer's responsibility to determine the existence of regulated waste. This determination is not based on actual volume of blood, but rather on the potential to release blood (e.g., when compacted in a waste container). If OSHA determines, on a case-by-case basis, that sufficient evidence of regulated waste exists, either through observation (e.g., a pool of liquid in the bottom of a container, dried blood flaking off during handling), or based on employee interviews, citations may be issued if the employer does not comply with the provisions of the standard on regulated waste.

**F:** Regulated waste shall be placed in containers which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded in accordance with paragraph (g)(1)(i) of the standard; and
- Closed before removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

**F:** Contaminated laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

**F:** The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded.

**F:** Employees are not permitted to take their protective equipment home and launder it. It is the responsibility of the employer to provide, launder, clean, repair, replace, and dispose of personal protective equipment.

## Slide 20: Controlling Exposures (4 Minutes)

**F:** The hepatitis B vaccination series must be made available to all employees who have occupational exposure. The employer does not have to make the hepatitis B vaccination available to employees who have previously received the vaccination series, who are already immune as their antibody tests reveal, or for whom receiving the vaccine is contraindicated for medical reasons.

**F:** The hepatitis B vaccination must be made available within 10 working days of initial assignment, after appropriate training has been completed.

All medical evaluations and procedures, including the hepatitis B vaccine and vaccination series, are to be provided according to the current recommendations of the U.S. Public Health Service (USPHS).

**F:** If an employee declines the hepatitis B vaccination, the employer must ensure that the employee signs a hepatitis B vaccine declination. The declination form is found in Appendix A of the standard.

**F:** Employees have the right to refuse the hepatitis B vaccine and/or any post-exposure evaluation and follow-up. Note, however, that the employee needs to be properly informed of the benefits of the vaccination and post-exposure evaluation through training. The employee also has the right to decide to take the vaccination at a later date if he or she so chooses. The employer must make the vaccination available at that time.

**F:** The responsibility lies with the employer to make the hepatitis B vaccine and vaccination, including post-exposure evaluation and follow-up, available at no cost to the employees.

## Slide 20: When Exposure Occurs (4 Minutes)

**F:** If exposed to blood or OPIM:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants.

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

**F:** Report the exposure to the person(s) responsible for managing exposures. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for postexposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.

## Slide 23: Questions (4 Minutes)

**F:** Any questions?