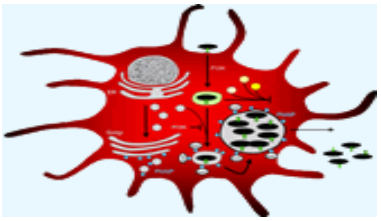
Cheney School District

BLOODBORNE PATHOGENS REFRESHER/UPDATE 2018-19



The bloodborne pathogen standard was put into effect by OSHA in Washington State in May 1992 (WAC 296-823, Occupational Health Standards). The purpose of this requirement is to reduce the occurrence of illness spread by blood/body fluids by protecting employees against exposure.

- Bloodborne pathogens are infectious organisms which are carried in the blood or other body fluids; i.e., HIV, Hepatitis B and Hepatitis C.

- Universal/Standard Precautions are guidelines that use a two-tiered approach, offering infection control precautions that are standard for all individuals and include bloodborne, airborne, and epidemiologically important pathogens. Universal/Standard Precautions refers to the use of barriers or protective measures when dealing with the following:

    1) Blood (lacerations, nose bleeds, abrasions, menstrual flow, etc.)
    2) All body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood (urine, emesis, feces, etc.)
    3) Non-intact skin (cuts, scrapes, dermatitis, etc.)
    4) Mucous membranes (oral/nasal secretions, etc.)

- Universal/Standard Precautions mandate **wearing gloves when handling blood or body fluids**, disposing of materials used to clean up blood or body fluids in plastic bags, disposing of used sharps in designated sharps containers, and **THOROUGHLY WASHING HANDS** as soon as possible after any encounter with blood or body fluids.

- An **exposure incident** means a specific eye, mouth, other mucous membrane, non-intact skin, parenteral (through the skin or mucous membrane) contact with blood or other potentially infectious body fluids that result from the performance of an employee's duties.

- If direct skin contact with blood/body fluids occurs, wash hands and/or other affected skin areas thoroughly with soap, friction and running water as soon as feasible. If direct mucous membrane contact with blood/body fluids occurs, flush affected mucous membranes thoroughly with copious amounts of running water as soon as possible. Then wash the area thoroughly with soap and running water.

- If direct contact with contaminated blood/body fluids occurs, **contact the site manager and human resources to report the contact as a possible exposure incident (no later than 24 hours).** You will be provided with the necessary forms to be completed by yourself and your licensed health care professional (Exposure Control Plan).

- Hepatitis B vaccinations are offered to all Category One and some Category Two Cheney School District employees. The Hepatitis B vaccine is safe. Soreness at the injection site is the most common side effect reported. As with any medicine, there are very small risks that a serious problem could occur after getting the vaccine. There is a series of three vaccinations required over a (usual) period of 6 months. Completing the series of shots is needed for full protection. Efficacy is 95% (range 80-100%). Available data show that vaccine-induced antibody levels decline with time. However, immune memory remains intact for more than 20 years following immunization, and both adults and children with declining antibody levels are still protected against significant HBV infection. See Human Resources to obtain the appropriate paperwork **prior** to getting your vaccination.

- Requirements for confidentiality regarding HIV/AIDS and Hepatitis B & C: No person may disclose or be compelled to disclose the identity of any person who has been investigated, considered or requested a test or treatment for any sexually transmitted disease. Sharing of ANY information about a person's HIV/HBV status may occur only following written permission. **The fine for a breach in confidentiality is $10,000.00!**

HIV AND ITS TRANSMISSION, TESTS & TREATMENT

The Human Immunodeficiency Virus (HIV) targets the immune system and weakens people's defense systems against infections and some types of cancer. As the virus destroys and impairs the function of immune cells, infected individuals gradually become immunodeficient. Immune function is typically measured by CD4 cell count. Immunodeficiency results in increased susceptibility to a wide range of infections and diseases that people with healthy immune systems can fight off.

The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS), which can take from 2 to 15 years to develop depending on the individual. AIDS is defined by the development of certain cancers, infections, or other severe clinical manifestations.

HIV can be transmitted via the exchange of a variety of body fluids from infected individuals, such as blood, breast milk, semen and vaginal secretions

- ***There is no known risk of HIV transmission to co-workers, clients or consumers from contact in industries when routine universal/standard precautions are followed. Contact with saliva, tears, sweat, urine, and feces (that do not contain blood) have never been shown to result in the transmission of HIV.***

HIV TESTING: Antibody tests detect the presence of antibodies, proteins that a person's body makes against HIV, not HIV itself. Most HIV tests, including most rapid tests and home tests, are antibody tests. It can take 3 to 12 weeks for a person's body to make enough antibodies for an antibody test to detect HIV infection. In general, antibody tests that use blood can detect HIV slightly sooner after infection than tests done with oral fluid.

Combination tests look for both HIV antibodies and antigens. Antigens are a part of the virus itself and are present during acute HIV infection. It can take 2 to 6 weeks for a person's body to make enough antigens and antibodies for a combination test to detect HIV. Combination tests are now recommended for testing done in labs and are becoming more common in the United States.

There is also a rapid combination test available. NATs detect HIV the fastest by looking for HIV in the blood. It can take 7 to 28 days for NATs to detect HIV. This test is very expensive and is not routinely used for HIV screening unless the person recently had a high-risk exposure or a possible exposure with early symptoms of HIV infection.

An initial HIV test will either be an antibody test or combination test. It may involve obtaining blood or oral fluid for a rapid test or sending blood or oral fluid to a laboratory. If the initial HIV test is a rapid test and it is positive, the individual will be directed to get follow-up testing. If the initial HIV test is a laboratory test and is positive, the laboratory will usually conduct follow-up testing on the same blood specimen as the initial test. Although HIV tests are generally very accurate, follow-up testing allows the health care provider to be sure the diagnosis is correct.

Ongoing HIV replication leads to immune system damage and progression to AIDS. HIV infection is always harmful and true long-term survival free of clinically significant immune dysfunction is unusual.

TREATMENT: Anti-HIV medications are used to control the reproduction of the virus and to slow the progression of the disease. Anti-HIV medications are called antiretroviral (ART) medications. There are five classes of FDA approved antiretroviral medications: NRTIs, NtRTIs, NNRTIs, PIs and fusion inhibitors. The recommended treatment for HIV is a combination of three or more medications in a regimen called Highly Active Antiretroviral Therapy (HAART). Each drug has its own dosing requirements (frequency, with/without food, etc.). Many drug regiments are very complicated and have negative side effects such as liver problems, diabetes, abnormal fat distribution, high cholesterol, pancreatitis, decreased bone density, nerve problems, and skin rashes and increased bleeding in hemophiliacs. Anti-retroviral therapy has been proven to slow disease progression and extend life.

HIV medications when used properly can reduce a person's viral load to a level which is undetectable by laboratory testing. A person with an undetectable HIV viral load is still considered infectious for HIV. All people who test positive for HIV are counseled on lowering their risk for transmission to others.

PEP stands for post-exposure prophylaxis. It involves taking antiretroviral medicines as soon as possible, but no more than 72 hours (three days) after you may have been exposed to HIV, to try to reduce the chance of becoming HIV-positive. These medicines keep HIV from making copies of itself and spreading through your body. Two to three drugs are usually prescribed, and they must be taken for 28 days. PEP is not always effective; it does not guarantee that someone exposed to HIV will not become infected with HIV.

PREVENTION:

"PrEP" stands for Pre-Exposure Prophylaxis. The word "prophylaxis" means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus. Currently, this is done by taking a medication which is called Truvada. Truvada contains two HIV medications (tenofovir disoproxil fumarate and emtricitabine) combined in one pill. These are some of the same medications used to keep the virus under control in people who are already living with HIV.

HIV/AIDS STATISTICS

- According to the Center for Disease Control (CDC), globally, there were approximately 36.7 million people living with HIV at the end of 2016.
- The cumulative number of Stage 3 AIDS cases as of December 31,2016, in the U.S., was 1,268,595.
- Per the CDC, in 2016 there were 39,782 new cases of HIV diagnosed in the U.S.
- **Young people** aged 13 to 24 are especially affected by HIV. In the United States in 2016, young people accounted for 21% of all new HIV diagnoses.
- According to the Washington State Department of Health, the estimated number of people living with HIV in Washington as of December 31, 2017 was 13,810. There have been 8,542 deaths reported from AIDS-related illnesses as of June 30, 2017.
- There were 18 new cases of HIV reported in Spokane County in 2017.

HEPATITIS UPDATE

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV). HAV infection produces a self-limited disease that does not result in chronic infection or chronic liver disease. HAV infection is primarily transmitted by the fecal-oral route, by either person-to-person contact or through consumption of contaminated food or water. The number of reported cases of acute hepatitis A has declined since a vaccine was developed in 1995. There were 2007 reported cases in 2016 in the U.S. and 31 acute cases reported in Washington State. There were 2 new cases reported in Spokane County in 2017. There is a vaccine available that is recommended for those living in or traveling to areas of high prevalence of HAV.

Hepatitis B is a serious liver infection caused by hepatitis B virus (HBV). HBV infection can cause acute illness and lead to chronic or lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is transmitted through percutaneous (puncture through the skin) or mucosal contact with infectious blood or body fluids. About 30% of persons infected with HBV have no signs or symptoms while others may exhibit jaundice, fatigue, abdominal pain, among others. The number of reported cases of acute HBV in the United States decreased from 8,036 in 2000 to 3,218 in 2016, with a reported 45 acute cases diagnosed in Washington State. There were 7 acute cases reported in Spokane County in 2017. There is a vaccine available to prevent HBV.

***Twinrix is a combination Hepatitis A/B vaccination given in a series of three injections.**

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV) that sometimes results in an acute illness, but most often becomes a silent, chronic infection that can lead to cirrhosis (scarring), liver failure, liver cancer, and death. Chronic HCV infection develops in a majority of HCV infected persons, most of who do not know they are infected since they may have no symptoms. HCV is spread by contact with the blood of an infected person. HCV can be spread sexually but this is rare. There is no vaccine for hepatitis C. Following Universal/Standard Precautions is the best way to prevent contracting the disease. The number of new acute cases of hepatitis C reported in the United States increased from 849 in 2007 to 2,967 new cases in 2016, and 62 acute cases reported in Washington State. There were 6 acute cases reported in Spokane County in 2017. Most infections are due to sharing drug-injection equipment with a HCV infected person.

Hepatitis D, also known as "delta hepatitis," is a defective virus that needs the hepatitis B virus to exist. Hepatitis D virus (HDV) is found in the blood of persons infected with the virus. Because HDV cannot exist without HBV, a person will be protected against HDV if they have had the HBV vaccine.

Hepatitis E is a liver infection caused by the hepatitis E virus (HEV) that usually results in a self-limited disease. HEV infection is primarily transmitted by the fecal-oral route, mostly through consumption of contaminated water. While rare in the United States, hepatitis E is common in many parts of the world. There is currently no approved vaccine for HEV.

Risk of infection with HIV, HBV, HCV following a single needle stick or sharp instrument injury with contaminated blood:

HIV 0.3 ~ 0.4% HBV 6.0 ~ 30% HCV 0.5 ~ 2%

Reminders

Hand washing

What is the right way to wash your hands?

- Wet your hands with clean running water (warm or cold) and apply soap.
- Rub your hands together to make lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air dry**.**

Washing hands with soap and water is the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **not** eliminate all types of germs.

Hand sanitizers are not effective when hands are visibly dirty.

Removing Gloves

Taking off disposable gloves is a simple task but should be done carefully in the proper way to prevent contact with the bare hands and the outside of the contaminated glove.

- With one hand, grasp the cuff of the opposite glove and carefully pull the glove completely off the hand. This should turn the glove inside out.
- With the removed glove now in the gloved hand, wad the used glove up into a ball in the palm of the gloved hand, being careful not to touch anything with the unprotected hand.
- Use the index finger of the unprotected bare hand to slip underneath the cuff of the other glove and remove it by peeling it back off the hand carefully, not touching the outside.
- When you get this glove off it will act as a bag, holding the other glove.
- Discard these gloves in the proper receptacle and immediately wash hands thoroughly.

Signs and labeling or color-coding of containers used for contaminated materials:

At Cheney School District, potentially contaminated materials should be placed in red, plastic bags or containers that have a biohazard label applied on them.

For sharps that have been contaminated with potentially infectious body fluids, you must place them immediately, or as soon as possible after use, in appropriate containers. Containers must be all of the following: (a) puncture resistant; (b) labeled or color-coded; (c) leak-proof on the sides and bottom; (d) closable; (e) store or process contaminated sharps so employees are not required to reach into the container or sink by hand; (f) sharps containers are not to be opened, emptied, or cleaned manually or in any other manner that would expose employees to contaminated sharps; (g) easily accessible to personnel; (h) maintained upright throughout use; and (h) replaced routinely and not allowed to overfill.

Cheney School District staff who work off-site, whether in a facility or in a school district building, should check with each site to be aware of their procedures regarding potentially contaminated materials.

2018 Recommended Adult Immunization Schedule

VACCINE	AGE 19-49 YEARS	AGE 50-64 YEARS	AGE 65 YEARS & OLDER
Tetanus, Diphtheria, Pertussis (Tdap/Td)	Substitute 1-time dose Tdap for Td booster; then boost with Td every 10 years		
Pneumococcal 13 (PCV 13 & PPSV23)	1 dose PCV13 followed in 6-12 months with		1 dose PPSV23
Hepatitis B	3 doses (0, 1-2, 4-6 months)		
Hepatitis A	2 doses (0, 6-12 months)		
Measles, Mumps, Rubella (MMR)	1 or 2 doses before age 58		
Varicella	2 doses		
Meningococcal (polysaccharide)	1 or more doses depending on indication		
Human papillomavirus (HPV)	Age 19-26: 3 doses		
Influenza	1 dose annually		
Zoster		60 years and up: 1 dose	
HIB (Haemophilus Influenzoe Type B)	1 or 3 doses depending on indication		

Based on recommendations from the Center for Disease Control (CDC). Individual patient assessment is required.
*Note: In the case of an outbreak of the vaccine preventable diseases that are in bold, both students and staff without proven immunity may be excluded.

OSPI suggests that immunization or proof of immunity documentation for all school staff be kept on file. There is an *Immunization History for Cheney School District Personnel* form available from Human Resources.

- A detailed description of Universal/Standard Precautions can be found in the Cheney Public Schools Bloodborne Pathogens Exposure Control Plan. You may request a copy from Human Resources.

Employee Statement of Acknowledgement Concerning

Universal/Standard Precautions Procedures For Protection against Bloodborne Diseases

Universal/Standard Precautions refers to a system of infectious disease control that assumes every contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with infectious diseases.

The following are specific steps that must be taken for protection against contamination from infected blood or body fluids of another person or from injury by a contaminated sharp object:

- Wash hands frequently to reduce the risk of exposure to infectious diseases.
- Wear gloves if there is even a possibility you might have contact with another person's body fluids.
- After the removal of gloves or after exposure to blood or other potentially infectious materials, wash hands (or other affected areas) thoroughly with soap, friction and running water as soon as feasible. If direct mucous membrane contact occurs, flush affected mucous membranes with copious amounts of water.
- Wear disposable gloves once and discard; do not attempt to wash and reuse.
- Clothing or supplies contaminated with body fluids should be placed in red bags or bags marked with a biohazard label and tied.
- Used needles or sharp instruments that have been contaminated with potentially infectious materials must be discarded in a biohazard infectious waste sharps container or an impenetrable container with a biohazard label.
- See individual building site managers for specific procedures.
- If a possible exposure incident has occurred, contact the site manager and Cheney School District Nurses as soon as possible (with-in 24 hours).
- Assume all blood or body fluids are contaminated and potentially harmful to your health.

I have read and agree to abide by the Universal/Standard Precautions Procedures as outlined above and included in the 2018-19 Bloodborne Pathogens training update sheets I received. I understand that if I have any questions or concerns, I may contact my immediate supervisor or Human Resources Director

Printed Name of Employee	**Signature of Employee**	**Date**

Employee must keep pages 1-5 of the Bloodborne Pathogens Training Update for reference and return this signed document (page 6) to Cheney School District Nurses.