OSHA/INFECTION CONTROL ANNUAL UPDATE TRAINING – 2014

Objectives

- Update disease information
- List new training responsibilities
- Conduct refresher training on key department issues of compliance
- Understand the use of surgical masks
- Clarify use of declination forms
- Review new flu vaccines

Annual Training

- Refresher training must cover topics listed in the standard to the extent needed and must emphasize new information or procedures

- Must do 365 days or less from previous training

Comp. Dir., pg. 61
Comp. Dir., pg. 61

REMINDER -

- ***Program Goal***
  - Protect the patient
  - Protect the care provider
  - Accomplish in a cost effective manner whenever possible

- APIC.org

INFECTIOUS DISEASE

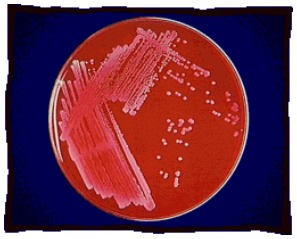
Illness resulting from the invasion of the body by bacteria, virus, fungi or parasite. The term infectious only means - caused by a pathogen

COMMUNICABLE DISEASE

Is a disease which can be readily spread from one person to another under certain conditions. A disease can be infectious but not communicable

Concern is focused on communicable diseases

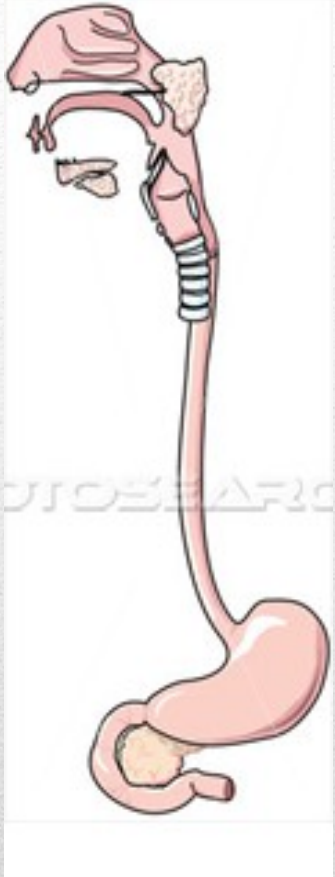
Viruses

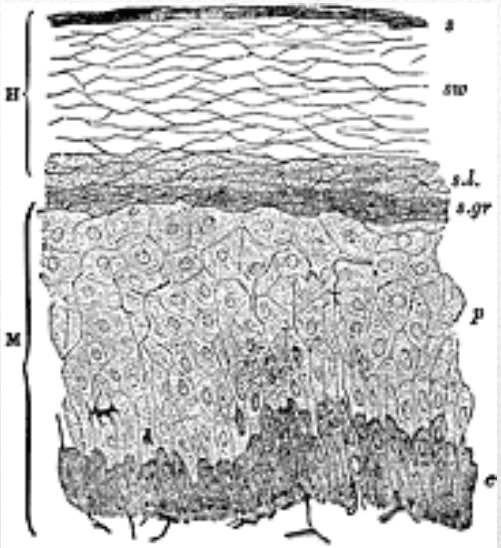


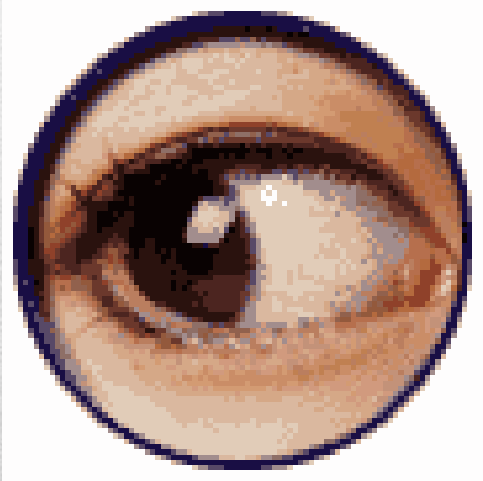
Unable to grow or reproduce outside the living host

Bacteria

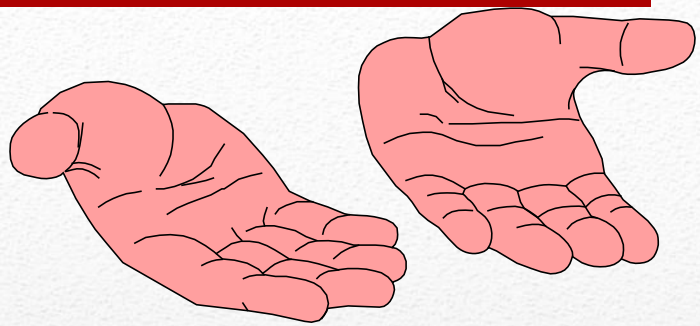
Organisms that need certain conditions for growth, reproduction and maintenance of life







THE BODYS NATURAL DEFENSES



Normal Flora

Skin

Gastrointestinal Tract

Lungs

Conjunctiva

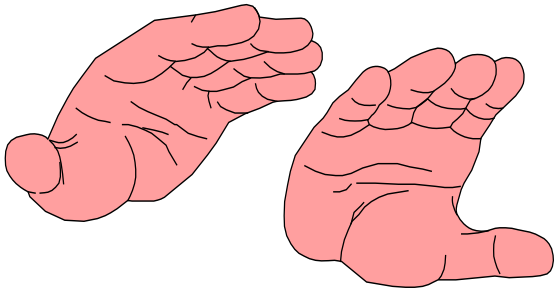
Immune System

Mode of Entry

- Can occur in two ways-
  - Direct contact (actual physical contact with secretions that harbor infective organisms)
  - Indirect Contact (organism resides outside the reservoir and is transferred to another host)

Example

- **<u>Direct Contact</u>** -
  - immediate transmission person-to-person
    - contaminated hands



Example

- **<u>Indirect Contact</u>** -
  - care provider has an open cut on the hand and picks up a contaminated item
  - droplet transmission (contact with droplets from patient with TB)

Blood borne Pathogens

Blood borne pathogens are microorganisms in the blood or other body fluids that can cause illness and disease in people.

These microorganisms can be transmitted through contact with contaminated blood and body fluids.

Bloodborne Pathogen Transmission

Bloodborne pathogens are transmitted through contact with infected human blood and other body fluids such as:

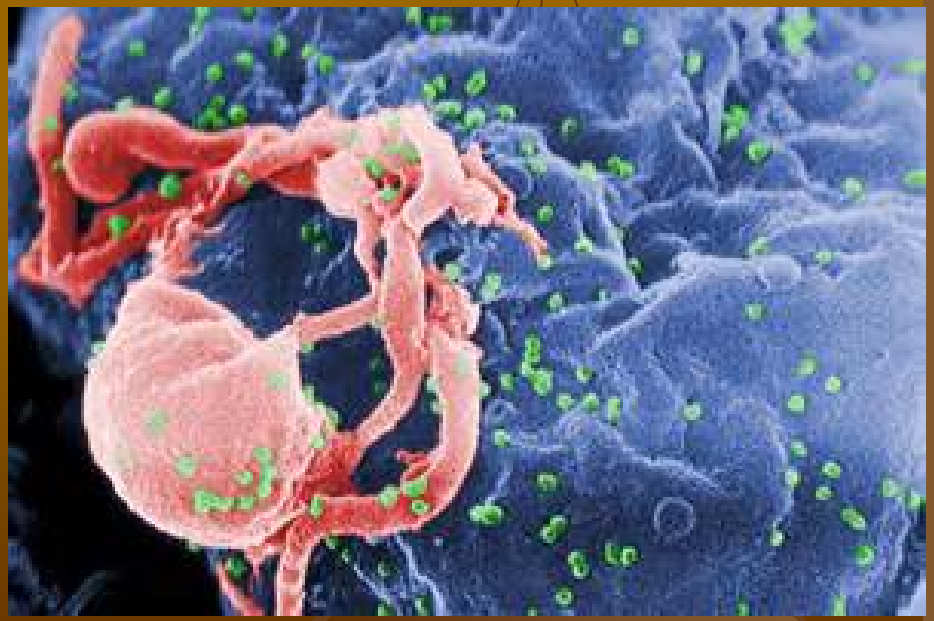
- **Semen**
- **Vaginal secretions**
- **Cerebrospinal fluid**
- **Synovial fluid**
- **Pleural fluid**
- **Peritoneal fluid**
- **Amniotic fluid**

RYAN WHITE DISEASE LIST

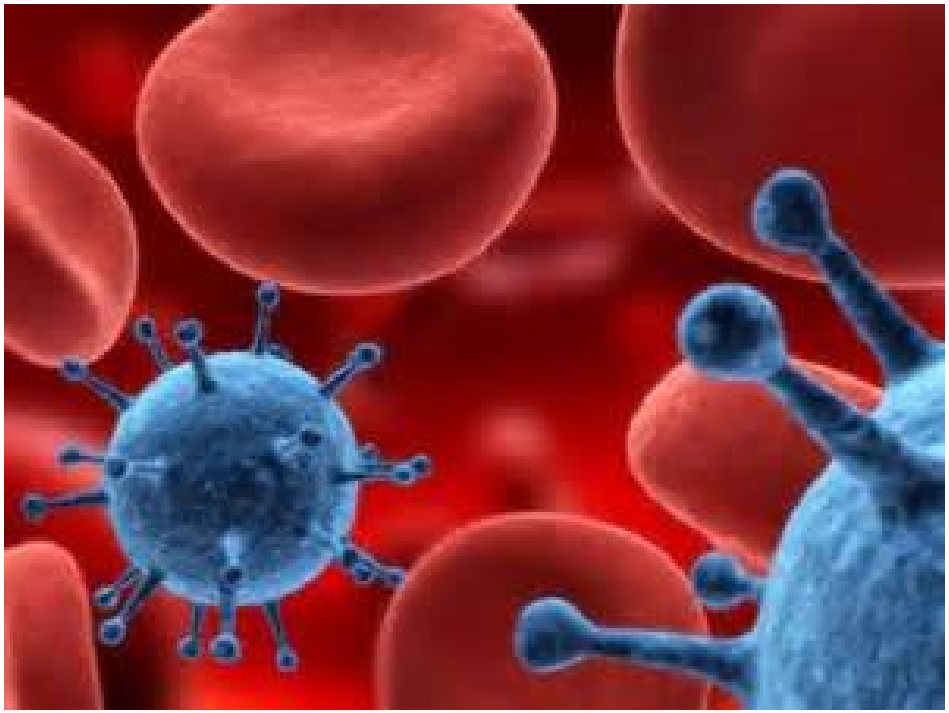
- This is updated as of 2013
- Providers need to become familiar with these diseases
- They need to be aware of signs and symptoms
- They need to know how it can be transmitted
- They need to know what precautions to take.

HIV

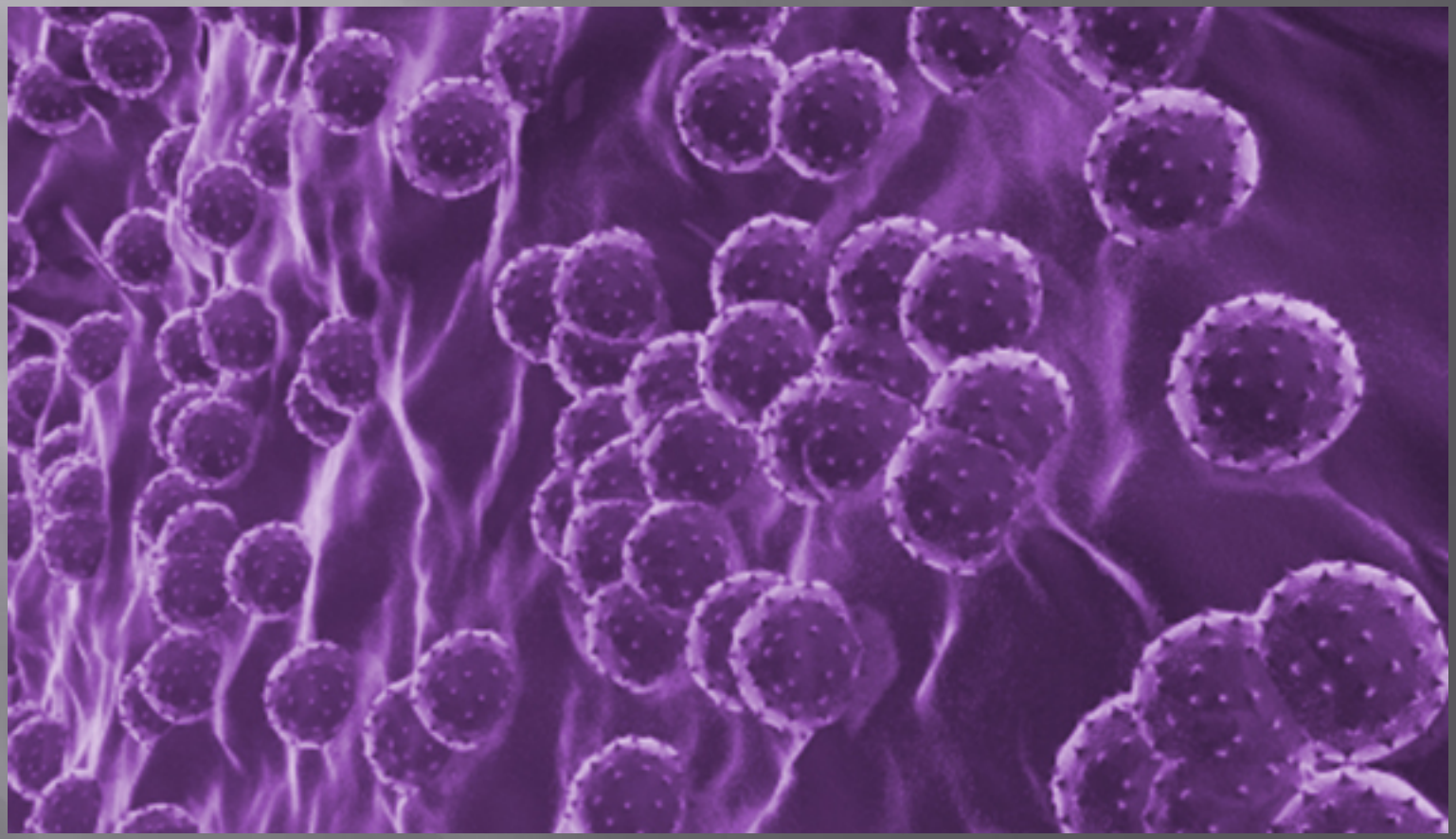
- **Human immunodeficiency virus**



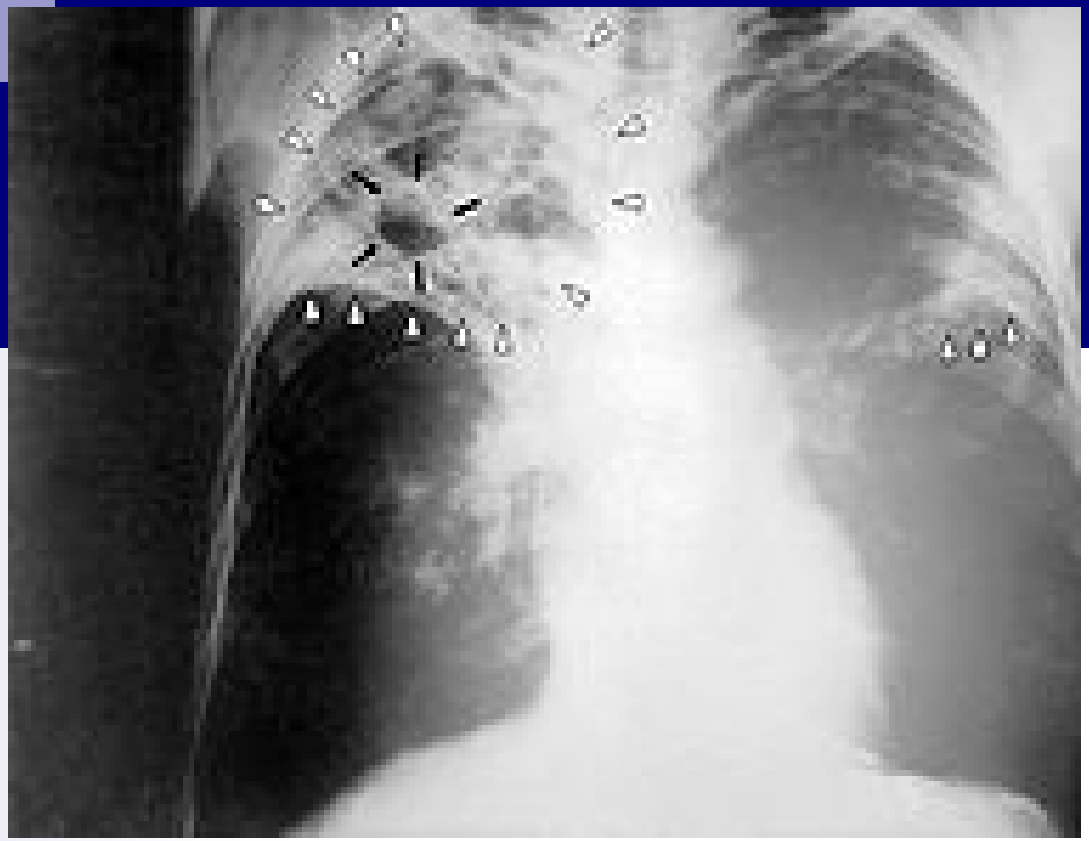
HEPATITIS B



HEPATITIS C



Tuberculosis



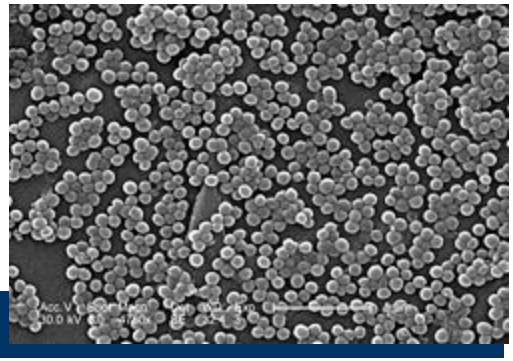
Tuberculosis

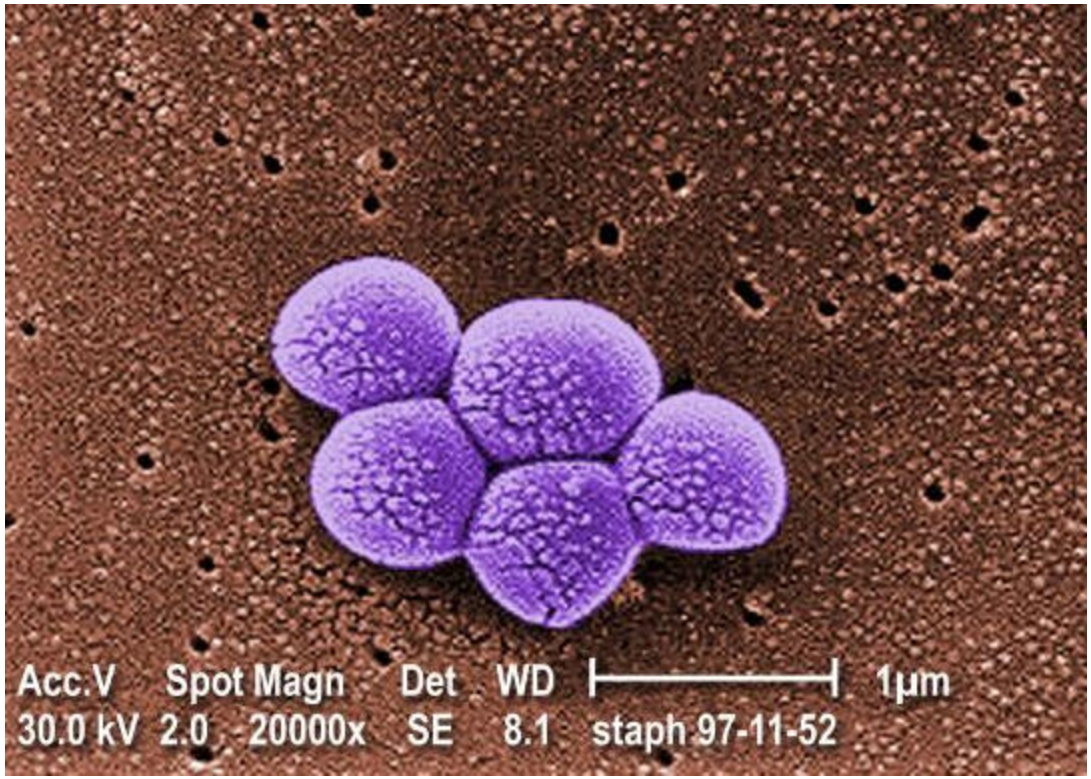
* 2012 lowest case number since 1953
* 10,528 in 2011- now 8,080 for 2013
* Goal to eliminate by 2015 - worldwide

CDC, MMWR, 2012;61:181-185

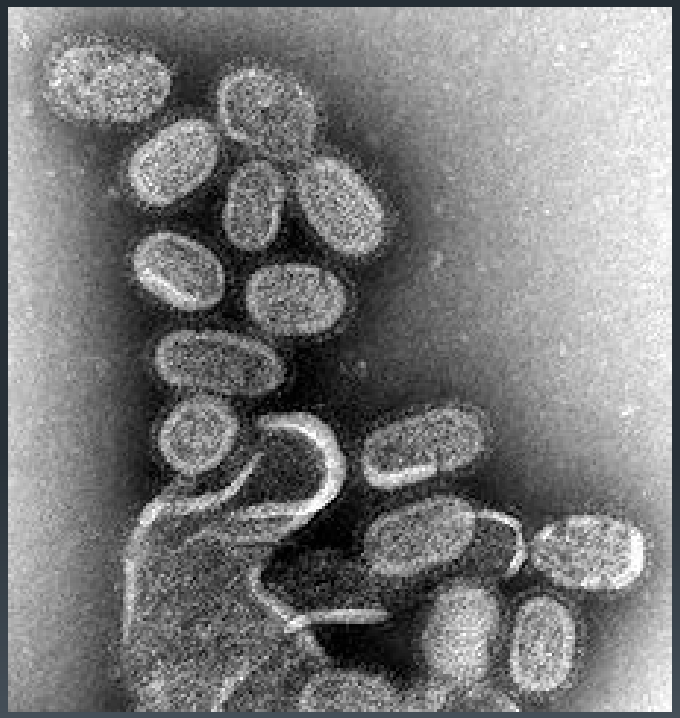
SYPHILIS

MRSA





THE SEASONAL FLU



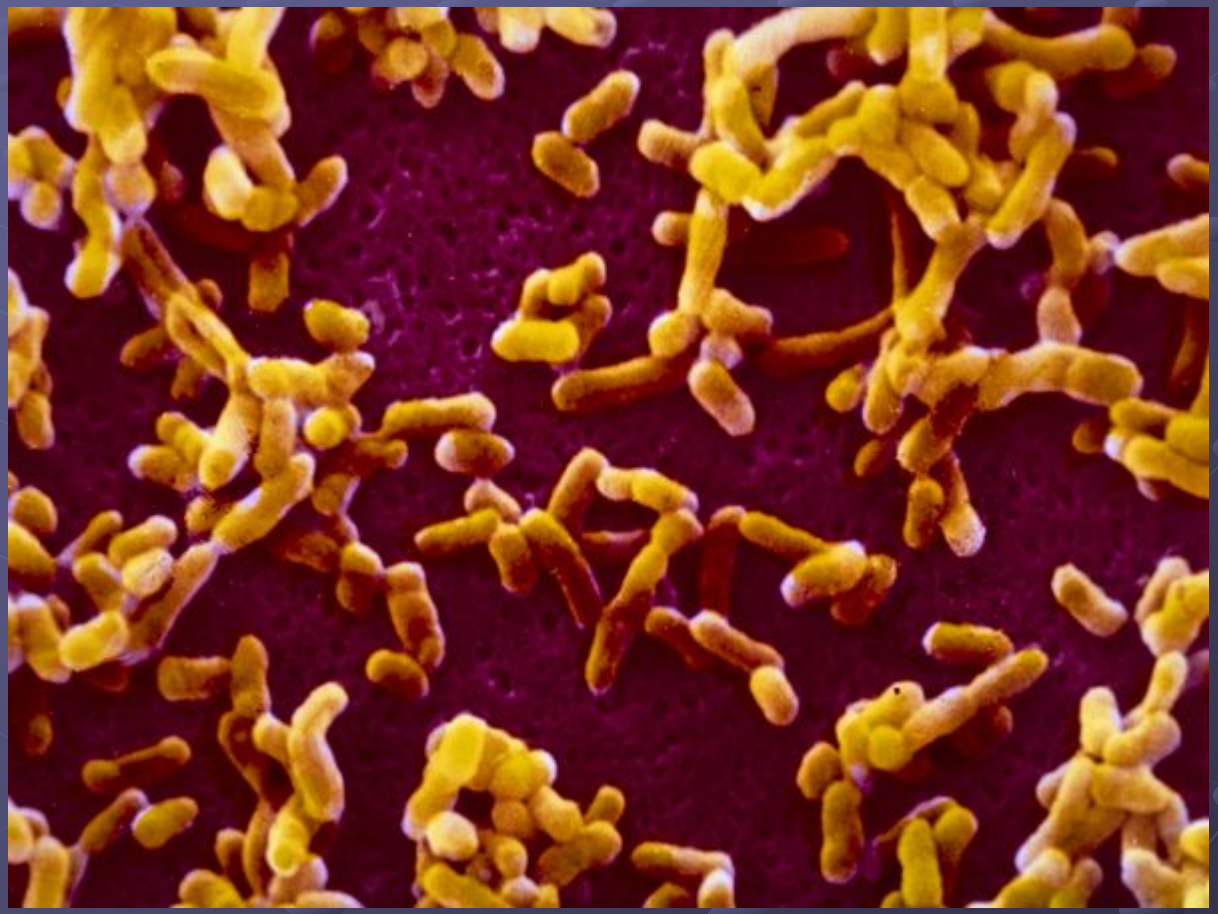
C-DIFF

CLOSTRIDIUM DIFFICLE

Whooping Cough
Pertussis

MENINGITIS

Plague



RUBELLA

MUMPS

DIPTHERIA

SARS

Buy image at http://yayimages.com/image/fileid/12425393
YAY: Quality Images, Low Prices
YAY
IMAGES

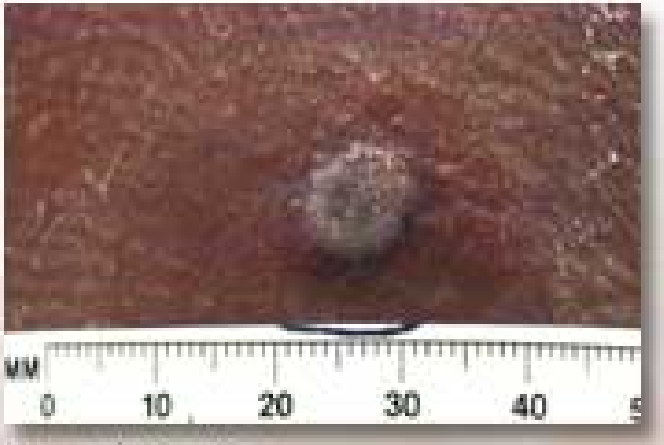
MEASLES

CHICKENPOX

VACCINIA

Normal reactions include a wide spectrum of cutaneous presentations:

Normal Reaction



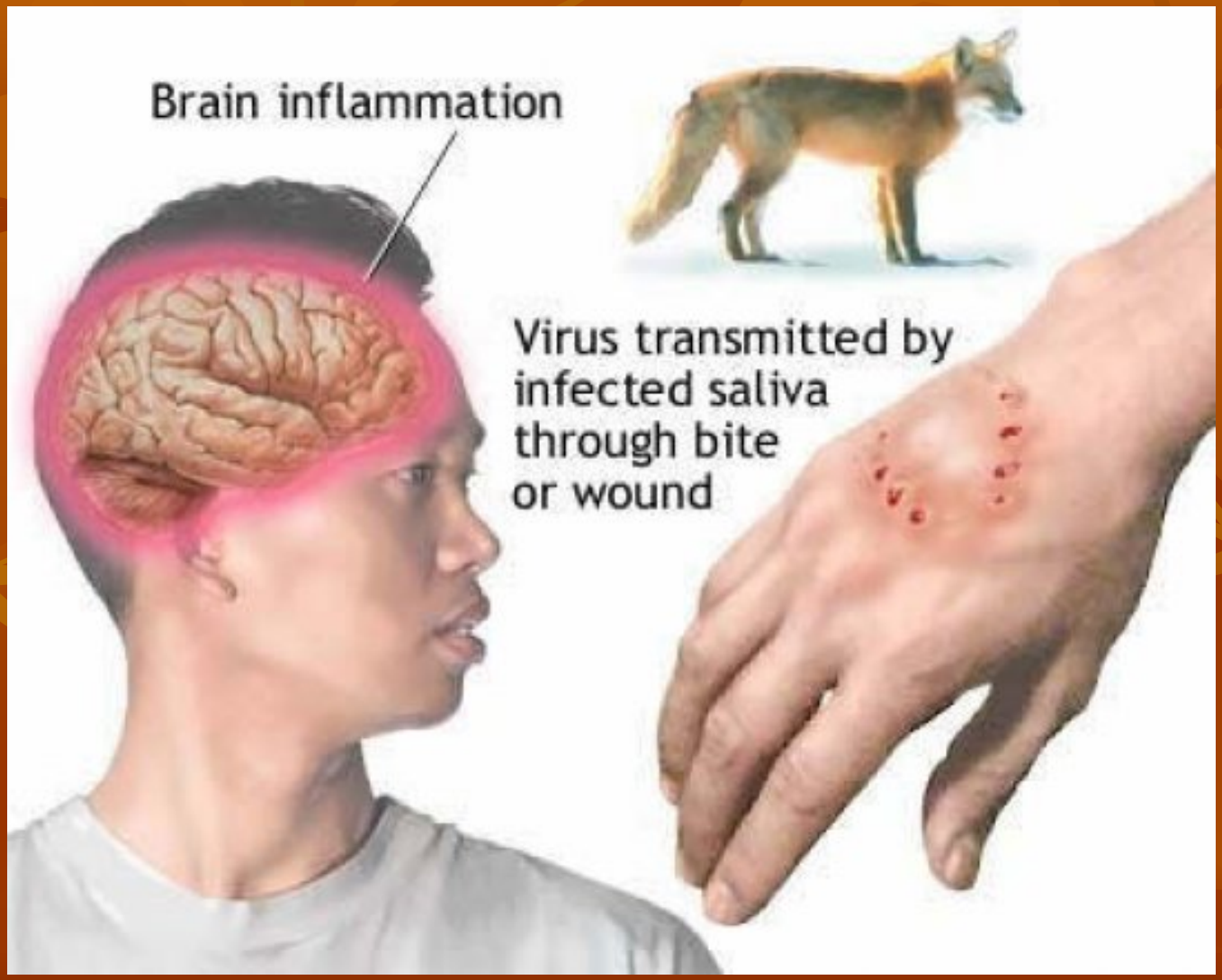
Normal Reaction

Normal with Lymphangitis

Normal with Satellite Lesions

CUTANEOUS ANTHRAX

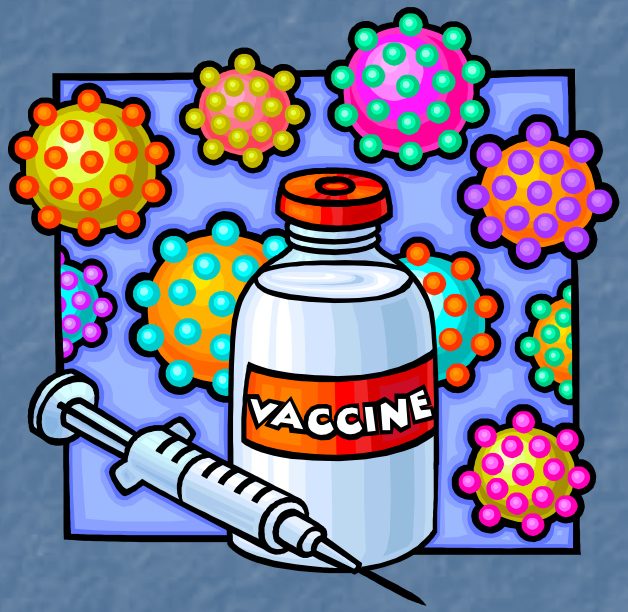
RABIES


Brain inflammation
Virus transmitted by
infected saliva
through bite
or wound

VIRAL HEMORRHAGIC FEVER

Immunizations/Vaccinations

- Hepatitis B vaccine
- Tdap booster x1
- MMR
- Chickenpox
- Flu vaccine
- TB Testing



CDC,1997, 2011

CDC Statement on Records

- HICPAC and CDC have recommended that secure, preferably computerized, systems should be used to manage vaccination records for HCP so records can be retrieved easily as needed
- Each record should reflect immunity status for indicated vaccine-preventable diseases, as well as vaccinations administered during employment

CDC,

Did You -Obtain Your Records

- From –
  - Your schools
    - High school
    - College
  - Training programs
  - Previous employer

Declination Forms

- If you do not wish to give your medical information, you must sign a declination form

MMR Vaccine

- If received between 1963 – 1967
  - Revaccinate with 2 doses one month apart

Measles Status Unknown

- No need to titer
- Just vaccinate

CDC, 11/25/12

Chickenpox Vaccine

- Unable to document immunity
- Just vaccinate

CDC, Nov. 25, 2011

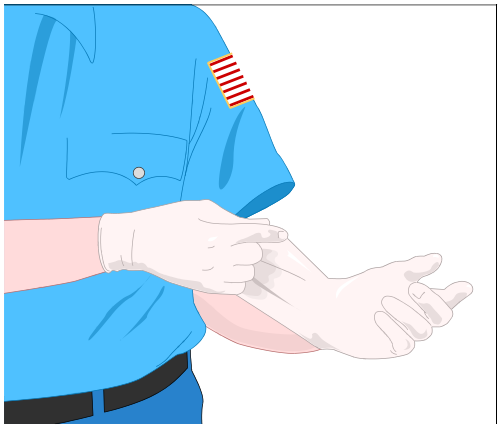
Shingles Vaccine - Clarification

- Recommended for persons 50 and older
- Can take if you have had an outbreak of shingles
- Employer does not need to offer

PERSONAL PROTECTIVE EQUIPMENT

- Gloves
- Eyewear
- Masks
- Gowns
- Respiratory Assist Devices

Gloves

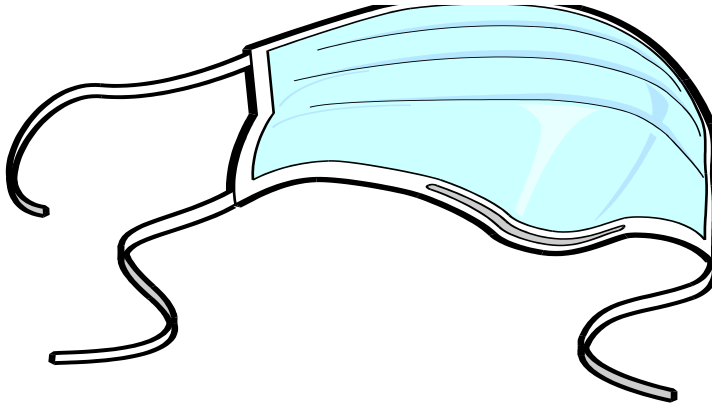


- Need based on task
- Use only when necessary
- Heavy duty for cleaning activities

Protective Eyewear

- Use when possible splash/splatter may occur
- If prescription glasses, use clip-on side shields
- Comply with ANSI Z87.1-1968, OSHA 29 CFR 1910.133

Masks



- Surgical Style
- Respirators - only if risk assessment shows the need (N’95)

Masks & Influenza

- Surgical mask and droplet precautions even if H1N1
- CDC reverted to this in 2010
- N95s for hospital use for aerosol-generating procedures

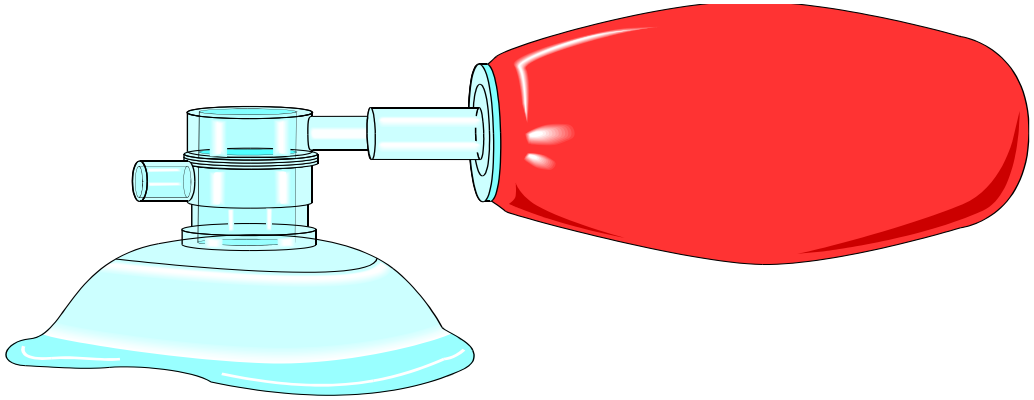
Personal comunication, Dr. Uyeki, CDC July 19, 2012

Cover Gowns

- Paper or cotton
- Coveralls/ jump suits

Respiratory Assist Devices

- Bag/Mask
- Pocket Mask



Personal Health Practices

- Health Maintenance
  - Immunization history
  - Childhood disease history
- Work Restriction Guidelines

HANDWASHING

PRE-MIXED CLEANING WIPES

Only need a 1 min. contact time

- Very effective

CDC, 2010 COCA Conference/ CDC Guidelines for Disinfection and Sterilization, 2008

CDC/OSHA

- Health care workers with non-intact skin should have the area covered with a dressing, if the area is too large to cover, then the individual should not perform patient care activities that pose a risk

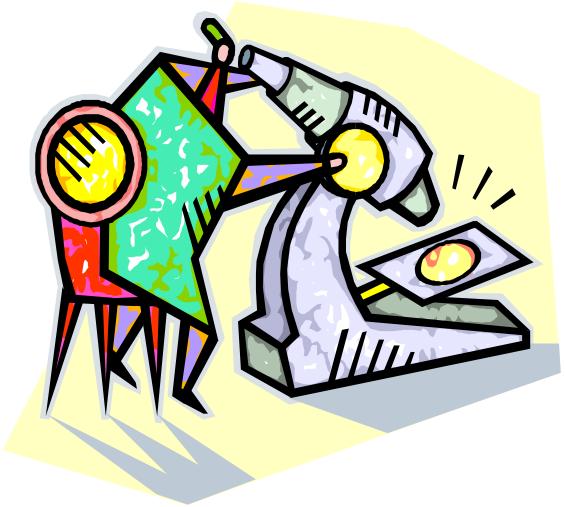
WORK RESTRICTION

Restrict ill workers from the workplace

- use sick time
  - protect co-workers
  - protect patients

REMEMBER TO CLEAN YOUR WORKPLACE !!

Nothing beats plain old cleaning



GLUCOSE MONITORS

Need to be cleaned after each patient use

- Recently implicated in outbreak investigation

CLEANING ISSUES

There is no disease that requires airing of a vehicle or putting a vehicle out of service

Focus high touch items!

- Non-critical items

Clean and go!

Winchester fire and rescue department Virginia

Cleaning and Disinfection SOP

WHAT IS AN EXPOSURE?

- OSHA defines blood to mean human blood, human blood components, and products made from human blood. Other potentially infectious materials (OPIM) means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;.

Defining Exposure - Bloodborne Pathogens

- A contaminated Needlestick Injury
- Blood/OPIM in contact with the surface of the eye, inner surface of the nose or mouth

Defining Exposure-Bloodborne Pathogens

- Blood/OPIM in contact with an open area of the skin
- Cuts with sharp objects covered with blood/OPIM
- Human bites (bloody)

Needlestick Injuries

- 300,000 needlestick injuries are reported each year
- Now all contaminated sharps injuries must be listed on the OSHA 300 log/Sharps Injury Log
- Splash/splatter with blood/OPIM must be recorded

• OSHA Compliance Directive, 2001/2005

Define - Other Potentially Infectious Materials - OPIM

- CSF
- Synovial fluid
- Pleural fluid
- Amniotic fluid
- Peritoneal fluid
- Any body fluid containing gross visible blood

Body Fluids =No Risk- HIV, HBV, HCV

- Tears
- Sweat
- Saliva
- Urine
- Vomitus
- Stool
- Nasal Secretions
- Sputum

Clarification - Bites

- When there is exposure to blood as the result of a human bite
  - the source of the blood is determined
  - the person exposed to the source blood is to be followed up (not the person bitten)

Exposure

- Any exposure is confidential
- This information should be kept between the exposed person and the Designated Officer

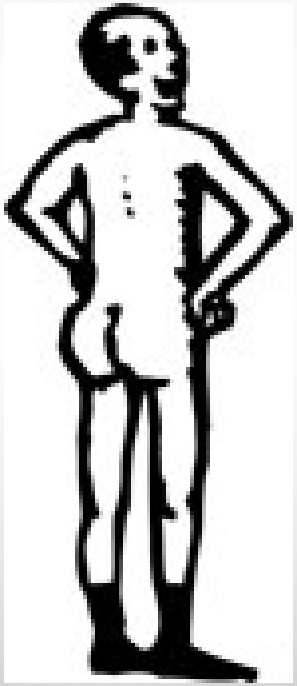
Ryan White Act

- Act of the U.S. Congress named in honor of Ryan White, an Indiana teenager who contracted AIDS through a tainted hemophilia treatment in 1984, and was expelled from school because of the disease.

RYAN WHITE NOTIFICATION

- On December 13th the CDC published a call for comments on the “new disease” list to be covered under the notification law
- The list has now been published and is in effect

WHAT DO YOU DO IF YOU THINK YOU ARE EXPOSED?



First Aid

- Contaminated Skin- wash with soap & water
- Puncture/cut- wash with soap & water
- Splash/splatter - rinse with large amounts of water

CONTACT THE DESIGNATED OFFICER

- Gerald Bohus – B Shift and Lead Designated Officer
- Chris Yost – A Shift DesignatedOfficer
- David Brinegar – C Shift Designated Officer
- Eddie McClellan – City Designated Officer
- Alert ECC to page or call the appropriate DO
- If no response in 15 minutes the next one will be alerted

- The Designated Officer will assist you in determining if there was an exposure
- They will do an exposure report
- They will start communications with the hospital concerning testing of the patient
- All information will be kept confidential

Testing Issues - Post Exposure

- If source patient is negative with rapid testing = no further testing of health-care worker

- Use of rapid testing will prevent staff from being placed on toxic drugs for even a short period of time

•CDC, May , 1998, CDC June 29, 2001, September 2005

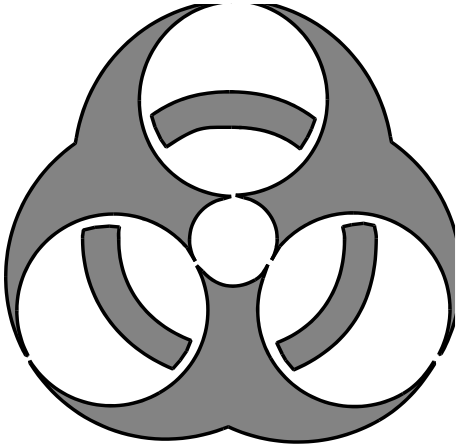
Medical Treatment

- Report to - Dr. Antonio Pastor
- Infectious Disease Physician
  - 21475 Ridge Top Circle
  - Sterling, VA

Medical Records Access

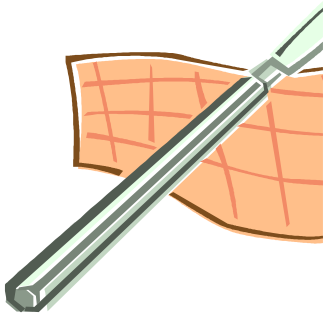
- Right to access
- Confidential

MEDICAL WASTE ISSUES



‘Sharp’ Definition

- Any object that can reasonably be anticipated to penetrate the skin or other parts of the body such as needle devices, scalpels, lancets, etc. Other items that are not sharp, but could become sharp if broken, are included such as glass objects and capillary tubes.



Sharps Injuries & Devices

Syringes	26%
Suture needle	16%
Butterfly needle	9%
Scalpel	8%
IV cath stylet	5%
Vacutainer	4%

•EpiNet, U. VA.

Sharps Containers

- Deposit into sharps container
- Container at site of use
- <u>Full at 3/4 mark</u>
- The containers shall be taped
- They shall be placed in the locked room at the entrance to the ED inside of the red cart. Your door card will open that door.

Compliance Monitoring

Check for compliance with cleaning routines

Random Checks of:

- Deconning of Units
- Sharps Containers
- Stations Cleanliness
- Refrigerators
- Proper use of PPE on a call
- Safe practices on a call
- Done by Designated Officer

OSHA Most Common BBP Citations - 2013

- Not having a compliant Exposure Control Plan
- No initial or annual training offered to staff and at no cost to staff
- No annual update of Plan
- Hepatitis B vaccine not offered within 10 days of hire and after education & training
- No effective engineering controls
- Not offering HBV vaccine to unprotected staff at risk and not offering post exposure evaluation & follow up
- No employee input to selection of needlesafe devices
- Not having declination forms
- Not maintaining a sharps injury log
- Not offering annual update training within 1 year of previous training

OSHA Jan.,2014

REMINDER -

- ***Program Goal***
  - Protect the patient
  - Protect the care provider
  - Accomplish in a cost effective manner whenever possible

- APIC.org

CDC – ONE & ONLY CAMPAIGN

- QUESTIONS?