Bloodborne Pathogen Training

(OSHA) 29 **CFR** 1910.1030 - Requirement

Edition 8/15

What is a Bloodborne Pathogen?

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What is a Bloodborne Pathogen?

Bloodborne pathogens are microorganisms such as Viruses or Bacteria that are carried in the blood and other body fluids and cause disease in people.

These pathogens include, but not limited to:

Hepatitis B Virus (HBV)

Hepatitis C Virus (HCV)

Human Immunodeficiency Virus (HIV)

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Why Do We Need to Know This?

National Fire Protection Act **(NFPA)** 1581 –
Standard on Fire Department Infection Control Program

Occupational Safety & Health Administration **(OSHA)** 29 **CFR** 1910.1030 –
Occupational Exposure to Bloodborne Pathogens

OSHA® Occupational Safety and Health Administration
www.osha.gov

- Have adapted standards to protect Firefighters and Emergency Medical Providers

- This Standard **requires** all emergency personnel to be trained in the **Recognition & Prevention** of a disease or virus from bloodborne pathogens.

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Why Do We Need to Know This?

OSHA® Occupational Safety and Health Administration
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Occupational Safety & Health Administration **(OSHA)** 29 **CFR** 1910.1030 –
Occupational Exposure to Bloodborne Pathogens

- This standard also required all Fire Department to have an **EXPOSURE CONTROL PLAN** – ECP
  which is to check and updated at least annually or as needed
  and have all members familiar with their ECP.

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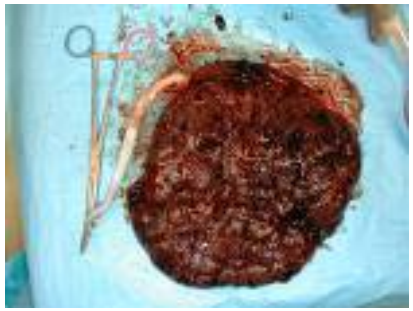
Why Do We Need to Know This?

- We as Emergency Care Providers, are frequently called to scenes where we run into: **Blood, Vomit and other Bodily fluids** – All modes of transition of a BBP

- We need to know how to protect **ourselves**, our **co-workers** , **our family** and **friends**, from contracting a bloodborne disease or virus.



WHAT ARE THE MOST COMMON BLOODBORNE PATHOGENS

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HEPATITIS B

Hepatitis = Inflammation of the Liver

Hepatitis B = Type B Inflammation of the Liver

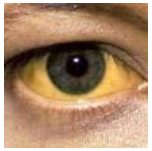
There is NO CURE – or specific treatment – Although people that have this disease will develop antibodies allowing them to get over the infection – they **will always have HBV**.

Hepatitis B - is very durable – **It can survive in dried blood for up to seven days**.

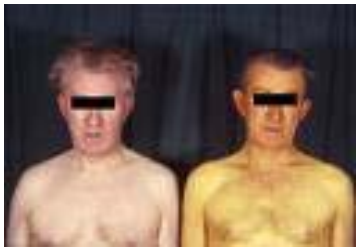
Good News over the last decade – Hepatitis B exposure amongst First Responders Have declined annually – thanks to better prevention & education

HEPATITIS B

Symptoms of HBV:



1. Beginning signs are much like a mild flu
2. As disease continues: Jaundice (yellowing Eyes & skin)
3. Darkened urine



From date of exposure – it can take **1-9 months** before symptoms become noticeable

HEPATITIS C

Hepatitis = Inflammation of the Liver

Hepatitis C = Type C Inflammation of the Liver

This is the most common **chronic bloodborne infection** in the U.S. –
People with the virus are chronically infected, but may not know they have it because they are not chronically ill.

Transmitted through the blood – **Risk Factors : Blood transfusion, injecting drugs, exposure to an infected sexual partner or household members.**

HEPATITIS C

Symptoms of HCV:

1. Beginning signs are usually None, until Liver Cirrhosis (damage) sets in

2. May present with mild fatigue, poor appetite, joint and body aches, nausea, and mild abdominal discomfort.

Treatments over the years has improved – now with daily Medication – this disease is virtually undetectable in effected Blood and greatly reduces the cirrhosis.

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Human Immunodeficiency Virus - HIV

- HIV – **Causes AIDS** – acquired immune deficiency syndrome
  - Once infected HIV, in time, depending on your health will become AIDS
  - HIV attacks the body's immune system, weakening it so you can't fight other deadly diseases giving you AIDS.
- **AIDS is Fatal** – although treatment in years has been improving, there still is **no known cure**. Although Medication today does improve exposed ability to survive much longer.
- HIV is very fragile and will not survive long outside the body, making the Emergency Care Provider vulnerable – dealing with fresh blood.

Human Immunodeficiency Virus - HIV

Symptoms of HIV:

1. Symptoms can vary from patient to patient

2. Often Include: weakness, fever, sore throat, nausea, headache, diarrhea, a white coating on the tongue, weight loss and swollen lymph glands.

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OTHER DISEASE'S:

Other Common Disease Emergency Care Providers run into are:

TB – **Tuberculosis,** Common & Swine Flu (H1N1), Chicken Pox, Meningitis ...

These disease unlike Bloodborne pathogens are transmitted **through the air**, although can be deadly, they are curable.

Hepatitis A - is not a bloodborne pathogen as most perceive it, it's is transmitted by being ingested.

Emergency workers typically get exposed to Hepatitis A when working operations with raw sewage in flood waters, especially natural disasters.

How are BLOODBORNE PATHOGENS Transmitted

Modes of Transmission

Bloodborne pathogens such as HBV, HCV and HIV can be transmitted through **contact** with infected:

1. Human Blood
2. Semen
3. Vaginal Secretion
4. Saliva
5. Mucus membrane (eyes, nose & mouth)

Modes of Transmission

Bloodborne Pathogens can **enter your body** with contact through: open sores, cuts, abrasions, acne, sunburn, blisters or any damaged or broken skin.

Bloodborne Pathogens can also be transmitted through the mucous Membranes of your eyes, nose and mouth.

Most disease (especially airborne) are received by rubbing your eyes after touching a contaminate . Even with gloves on, if your rub your face you could be doing yourself harm!

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EXPOSURE CONTROL PLAN

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EXPOSURE CONTROL PLAN

OSHA 29 CFR Part 1910.130 Requires Fire Department & E.M.S . Agencies to have a written **Exposure Control Plan** that is made available to all members.

It is required to cover:

- **Precaution & Prevention**
- **Personal Protective Equipment**
- **Scene Management**
- **Cleaning and Disinfection**
- **Infectious Waste Disposal**
- **Immunizations**
- **Exposure Determinations**
- **Post Exposure Evaluation & Follow-up**
- **Medical Surveillance**
- **Record Keeping**
- **Training Requirement**

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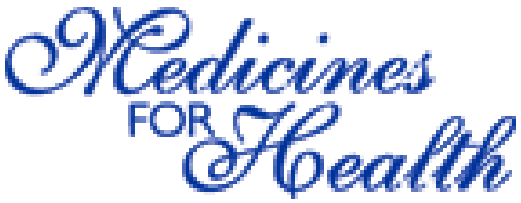
EXPOSURE CONTROL PLAN

PRECAUTION & PREVENTION

1st Component in the Department's
EXPOSURE CONTROL PLAN

Includes:
Awareness
Personal protective equipment
Safe Practices
Cleanliness



PREVENTION IS BETTER THAN CURE

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EXPOSURE CONTROL PLAN

PRECAUTION & PREVENTION

1. **AWARENESS:**
Knowledge that the risk is out there, assume **everyone** has one!

2. **PPE – PERSONAL PROTECTIVE EQUIPMENT:**
Knowledge of what equipment can protect you and how to use them properly

3. **SAFE PRACTICES:**
Knowledge of what actions are harmful to you and others

4. **CLEANINESS:**
Knowledge of Washing/Disinfecting practices

NEED ALL OF THE ABOVE = GOOD PREVENTION PRACTICES

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EXPOSURE CONTROL PLAN

PRECAUTION & PREVENTION

1. **AWARENESS:**
Knowledge that the risk is out there, assume **everyone** has one!

This all begins by **Education** :
Learning – what a bloodborne Pathogen is
Learning - how to protect yourself and others
Learning – What is available to you to help protect yourself and others

This is why it is an Annual Requirement !

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EXPOSURE CONTROL PLAN

PPE - PERSONAL PROTECTIVE EQUIPMENT

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PPE - PERSONAL PROTECTIVE EQUIPMENT

Equipment if utilized correctly doesn't permit blood or other potentially infectious material to pass through and reach the users skin, eyes, mouth, or other mucous membranes under normal conditions.

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PPE - PERSONAL PROTECTIVE EQUIPMENT

Gloves:

Gloves are the most commonly used PPE. These Gloves need to be made of Latex, Nitril, rubber or any other water impervious material.

They should be checked for tears or punctures before applied, and if damaged, **Don't use**!

Any Member – touching a patient will put gloves on first, There are **NO EXCEPTIONS**!

When removing gloves – they should be turned inside out.

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PPE - PERSONAL PROTECTIVE EQUIPMENT

Goggles and/or Face shields:

Anytime there is a risk of splashing or vaporization of contaminated fluids; goggles and/or face shields should be used to protect your face.

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PPE - PERSONAL PROTECTIVE EQUIPMENT

Aprons / Cover Gowns:

Aprons or cover gowns should be worn when there is risk of splashing Blood, keeping contaminates from soaking into your skin, **or clothing**.

Contaminated clothing should be removed as soon as possible, because the fluid can seep through the cloth and come in contact with the skin.

AT NO TIME should clothing penetrated by blood or body fluid be taken home for laundry!

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EXPOSURE CONTROL PLAN

SCENE MANAGEMENT

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SCENE MANAGEMENT

It is responsibility of everyone on scene, to alert the others on scene and arriving to a scene of the possible hazard, and to take the necessary precautions.

What **you** see as obvious may **not** be so obvious to **others**

Only required personnel should be exposed to possible contaminates, **if you can't help, you shouldn't be there contaninating yourself** !

The members that were exposed, should do the disinfecting once patient care is complete, limiting the number of possible exposures.

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CLEANING and DISINFECTION

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CLEANING and DISINFECTION

The most important thing **ALL MEMBERS** can do after **ALL ALARMS** is get in a habit of **washing your hands**, before returning home to your family!

Good hand washing keeps you from transferring contamination from your hands to other parts of your body or to other surfaces where someone else may come into contact with later.

Hands should be washed with a non-abrasive soap and running water and **Shoud ALWAYS** be done after removal of gloves.

There are Antiseptic Towelette's and hand cleaner in unit 961, 9611 & 9699, in a quick fix, but hands should also be washed as soon as possible.

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EXPOSURE CONTROL PLAN

CLEANING and DISINFECTION

Cleaning Bodily Fluid Spills – It may be necessary for us as Emergency Care Providers to clean an offensive bodily fluid spill.

Members doing so – should be in full PPE – gloves, eye protection and gown.

These members should pick up as much as possible and place into a red biohazardous bag. If sharp items are involved, they should never be picked up your hands. Once the spill is cleaned, the area should then be disinfected using a **10% bleach / 90% water solution**. The items used to disinfect, should also be placed into the red bio-hazardous bag, and the bio bag properly disposed of at the Hospital.

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CLEANING and DISINFECTION

Any equipment that is **NOT disposable** and has contact with a patient, will be disinfected with a 10% bleach / 90% water solution, prior to being placed back into service to be reused.

Members doing the disinfecting should be doing so, utilizing PPE.

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INFECTIOUS WASTE DISPOSAL

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INFECTIOUS WASTE DISPOSAL

All infectious waste will be disposed of in either a:

1. **Sharp Container** – puncture resistant, leak proof containers used for disposal of contaminated broken glass, needles or lancets.

2. **Red Biohazard Bags** – bag used for disposal of soft items contaminated with bodily fluids, like blood, urine vomit, etc.

The Sharp Container and Red Biohazard Bag will be disposed of at the hospital facility where the patient was transported and **never with regular trash** and back at the Fire House!

Be directed to proper location in hospital by their staff.

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IMMUNIZATION

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IMMUNIZATION

The only Bloodborne pathogen that has a commonly issued vaccine is Hepatitis B.

Any member wishing to be vaccinated can do so by contacting the Department Physician and receiving the series of **3 shots**. These shots are given over a 6 month period and are at no cost to the member.

This vaccination will be offered to all members not vaccinated every time they are required to get a OSHA Medical. Although members can refuse, it is strongly recommended since there is no danger of contracting the disease form the vaccine.

If you refused vaccine and contract disease, if vaccine is started immediately following contact, it is extremely effective in preventing the disease.

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IMMUNIZATION

There is also a vaccine for Hepatitis A, which is not commonly issued, Due to the fact Hepatitis A is very preventable with Cleanliness.

It is recommended the members be issue a Hepatitis A vaccine prior to deployment to a natural disaster when flood waters are involved. This is a series of 2 shots over 6 months. Most of time 1 issued prior to Assignment and 2nd issued 6 moths later. This Vaccine is also effective as a Treatment, getting 1st vaccine immediately following possible exposure, in most Case prevents the disease.

There are no Vaccines to Hepatitis C or HIV but there are following exposure Treatment that tend to be effective in controlling the disease and continually Get better with time.

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EXPOSURE CONTROL PLAN

EXPOSURE DETERMINATION - EVALUATION - FOLLOW UP

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EXPOSURE CONTROL PLAN
EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

What is an "Exposure" and who is "At Risk"?

An **Exposure** incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (needle stick) **contact** with blood or other potentially infectious materials, as defined in the standard that results from the performance of a worker's duties.

These exposures are not only exposures but these members are also "At Risk"

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EXPOSURE CONTROL PLAN
EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

What is an "Exposure" and who is "At Risk"?

A **simple exposure** is a member who may have gotten patient's blood on their forearm but have no open cuts/abrasion, meaning all their skin is intact or

after taking their gloves off came in contact with an unknown urine soaked linen.

These are still **exposures** but these members are **not at risk**, or risk is less server than ones that are at risk making their immediate need for treatment less urgent.

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EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

What is an "Exposure" and who is "At Risk"?

Note: All Exposures, **at risk or not**, will be handles by the department in the exact the same manor, documentation being imperative and the difference being the course of treatment.

Also Note: with hands, nail beds and cuticles are very susceptible, so although skin may appear to be intact, if fingers are involved side towards **at risk**. The same falls true with sun burn (redness of the skin), the skin may be in tact but still vulnerable, again side towards at risk.

When in doubt, always side towards at risk, better to be safe than sorry.

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EXPOSURE CONTROL PLAN
EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

When a member feels he/she may have been exposed to a Bloodborne pathogen:

1. Wash/ flush area exposed with soap and water, **as soon as possible**

2. Inform Line Officer in charge (OIC) of that Alarm and Exposure Control Officer **ECO** (Chief of Dept) or Alternate (Rescue Captain) in their absence.

3. Fill out a **Pre Hospital Care Report** (PCR)
   Unlike with Other Line of Duty Injuries where you put an entry into the Red Blotter, with Exposures, HIPAA Laws apply and all information is strictly confidential . Your immediate notification to a Line officer (OIC) is sufficient.
   Fill out a department **Biological Exposure Report** *(* BER *)*

These Things – ALWAYS DONE, ALL OCCASIONS

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EXPOSURE CONTROL PLAN
EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

In accordance with the Ryan White AIDS act,
regarding the evaluation and disclosure of relevant information for Emergency Response Personnel's Exposures to either and Airborne or Blood borne disease our department is required to have a designated officer and an alternate to report a possible exposure.

These peoples in our department will be known as the ***Exposure Control Officer*** *(ECO) = (Chief of Department) and Alternate ECO = (Rescue Captain)*

These members will be the Liaisons between the exposed members and treatment center – Hospital/Department Physician.

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1 Department Run Number

BIOLOGICAL EXPOSURE REPORT

(Return to Exposure Control Officer Or Their Alternate in Absence - ONLY)

2

Member's Name	Social Security #	Age
Address		Company
Exposure Date	Exposure Time	Apparatus Assignment	Date Reported

3 **DESCRIBE OR CHECK ALL TASK(S) PREFORMED WHEN EXPOSURE OCCURRED**

☐ CPR/Chest compressions ☐ Intubation ☐ I.V Insertion ☐ Moving Patient
☐ Protected Mouth to Mouth ☐ Airway Mgmt. ☐ I.V. Meds. ☐ Disinfesting
☐ Unprotected Mouth to Mouth ☐ Vital Signs ☐ Bleeding Control ☐ Other - Describe Below

Describe: _____

4 **PERSONAL PROTECTIVE EQUIPMENT WORN: CHECK ALL APPROPRIATE**

☐ SCBA - Firefighing Mask ☐ Surgical Mask ☐ Latex Gloves ☐ Eye Protection
☐ HEPA Filter Mask ☐ Pocket Mask ☐ Work Gloves ☐ Apron/Gown

Did your personal protective Equipment remain secure and intact? ☐ YES ☐ NO

FLUID EXPOSED: CHECK ALL APPROPRIATE ANSWERS

☐ Intact Normal Skin/Exposed to blood ☐ Intact Normal Skin/Exposed to Non-bloody body Fluid(s)
☐ Mucosa exposed to Non- Bloody body fluid

5 If NON BLOODY Body Fluid(s) - Which: ☐ Vomitus ☐ Urine ☐ Feces ☐ Sputum ☐ Fluid and Possibly Bodily and/or Blood

☐ Blood to Mucosa (Eye) ☐ Blood to open cut/Scratches
☐ Blood to Mucosa (Mouth/Nose/Other) ☐ Blood to Open Sore/Rash/Sun Burn
☐ Needle Puncture ☐ I.V. Needle Puncture

Area of body Exposed

Estimate size of the area of your body that was exposed: _____ inches (length x width)

For how long was the fluid touching your body before taking action: _____ minutes

6 **BITE WOUNDS** ☐ Human ☐ Dog ☐ Other Animal Rabies Vaccinated: ☐ Yes ☐ No ☐ Unknown

7 **WATER RESCUE** ☐ Yes ☐ No NYS DISASTER: ☐ Yes ☐ No FEDERAL DISASTER: ☐ Yes ☐ No

UNPROTECTED CPR, INTUBATION, OR PROLONG TREATMENT (WITHOUT PPE)

8 ☐ CPR - K[illegible]B Patient ☐ Treatment - Known TB Patient ☐ CPR - Known Other Airborne Disease
☐ CPR - K[illegible]eningitis Pt. ☐ Treatment - Known Meningitis Pt. ☐ Treatment - Other Airborne Disease

VICTIM/PATIENT ASSESSMENT: CHECK APPROPRIATE BOXES

Information obtained by: ☐ Patient ☐ Relative ☐ Friend ☐ Hospital notification
Information Rec'd: ☐ IV Drug User ☐ AIDS ☐ Hepatitis ☐ TB ☐ Chicken Pox ☐ Measles ☐ Meningitis

9 Name of Source Individual: _____ Individual Deceased: ☐ YES ☐ NO
FD PCR #: _____ Source DOB: _____
Address of Patient: _____ Hospital Transported: _____
Address of Call (Response): _____ In Doctors Care - Name: _____
Patient Phone: _____ In Hospice Care- Name Rep: _____

EXPOSURE CONTROL OFFICER USE ONLY

10

District Notified: ☐ YES ☐ NO Comp Case #	Member PCR #: By:
Member Treated At:	Appointment made with Dept. Physician: ☐ YES ☐ NO
Date to see Dept Physician	Able to return to duty: ☐ YES ☐ NO Date Returned to Duty:

Assistance in filling out an Exposure Report - Back of Report

Assistance Completing a Biological Exposure Form

1. **Department Run #** - a member can get by asking the dispatcher, computer sheet or displays at Headquarters of Station 2.
2. **Exposed Members Information** - fill in all fields - Note - SS# is needed for Compensation Case number and remains confidential.
3. **Tasks Preformed**: Check all appropriate boxes that pertain to the tasks being prefomed when exposed.
4. **Personal Protective Equipment**: Indicate what PPE was being used during time of exposure.
5. **Fluid Exposure:** Check all boxes that apply and indicate the size of the area exposed as well as the length of time exposed before actions taken to correct/clean area exposed.
6. **Bite Wound**: if exposed due to a bite - complete this section
7. **Water Rescue:** if exposure was due to water rescue in potential contaminated waters prepare this section
8. **Unprotected Actions**: If exposure involved unprotected CPR, Intubation or a prolonged treatment with PPE, check the appropriate boxes.
9. **Victim/Patient Assessment**: Supply as much information possible about the person being exposed from, but this should not delay any treatment (aided or exposed) or the submission of this exposure report to the ECO, gathering such information.
10. **For Exposure Control Officers Use ONLY**: this area of form is to be completed only by the exposure control officer, assuring all steps required for a members treatment and return to service are attended to.

EXPOSURE CONTROL PLAN

EXPOSURE DETERMINATION - EVALUATION - FOLLOW UP

When a member feels he/she may have been exposed to a Bloodborne pathogen:

4. If an **At Risk Exposure** – Seek medical attention at the hospital in which the person exposed from was transported without delay.

It is best to seeking Medical attention at the same hospital as the person exposed was transported, this will help with medical records later, saving you and the attending physician unnecessary anguish.

EXPOSURE CONTROL PLAN

EXPOSURE DETERMINATION - EVALUATION - FOLLOW UP

When a member feels he/she may have been exposed to a Bloodborne pathogen:

4. If your exposure is **not at risk**, your treatment is not as urgent so you have a few courses of seeking treatment.

You may also seek treatment:

a. at the hospital to which the patient exposed from was transported – as with an at risk exposure

b. Seek treatment from the Department Physician – **Recommended - if Open**

c. Seek treatment from your private Physician

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EXPOSURE CONTROL PLAN

EXPOSURE DETERMINATION - EVALUATION - FOLLOW UP

When a member feels he/she may have been exposed to a Bloodborne pathogen:

However you seek treatment, the attending physician will draw bloods to establish a Baseline, ***so getting it done within 24 hours is important and should help you pick the best course of action.***

The attending physician will treat according, which may include giving you medications.

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EXPOSURE DETERMINATION - EVALUATION - FOLLOW UP

If you are doing **option b.** through Dept Physicain
or **c.** your private Physician

you **MUST** do **step 5** and contact district to obtain a workmen's compensation case # **before seeking treatment**.

*If after hours where the district is closed, treatment may be sought and the Comp # obtained immediately upon the district re-opening, treatment should not be delayed – but steps 1-3 **must** be completed prior to seeking outside treatment.*

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EXPOSURE CONTROL PLAN
EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

When a member feels he/she may have been exposed to a Bloodborne pathogen:

5. Contact the Fire District – to open a Compensation Case and get a Case #

6. Make an appointment with the Department Physician – **You will not be able to return to duty until you consult with the Department Physician**.

7. Members who received medical attention from the Emergency Room or Department Physician may also seek counsel or a second opinion from their own Personal Physician.

Members who received medical attention at the Emergency Room or Personal Physician can utilize the Department Physician as their second opinion, since they will have to seek a consultation with them before returning to duty.

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EXPOSURE CONTROL PLAN
EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

When a member feels he/she may have been exposed to a Bloodborne pathogen:

8. For your protection and the departments, you will need clearance from the Dept Physician before you can return to service.

In all Cases :

Be directed for course of treatment by the attending physician(s).

Give as much information to attending about the person you may have been exposed from, especially name and hospital they were transported at.

Be guided by Dr(s) and Worker Compensation - who will contact you and help guide exposed member through the process. A Nurse from workmen's comp. will be assigned your case and will give you their contact info to call if you have any questions.

EXPOSURE CONTROL PLAN

EXPOSURE
DETERMINATION - EVALUATION - FOLLOW UP

9. Some time down the road you will need follow up(s) Blood tests to compare The Baseline test – with 24 hrs of the date on contact.

This is typically 6 weeks later and then 6 months.

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EXPOSURE CONTROL PLAN

RECORD KEEPING

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EXPOSURE CONTROL PLAN

RECORD KEEPING

All Medical Records pertaining to effected members – will be strictly confidential and be between **You and the Department Physician**.

Results from an exposure to a bloodborne pathogen, falls under stricter Confidentiality and the department only knowing when you are able to return to duty, under the recommendation of the Department Physician.

All medical records of a bloodborne exposure will be kept in the Department Physicians Office, and only record in personal folder will be records of a NYS Comp. case, Dept Exposure report opening the comp case

OSHA Requires - All Exposure Records must be maintained on file for 30 Years

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EXPOSURE CONTROL PLAN

RECORD KEEPING

ALL Personnel Training Records for BBP

In accordance of Title 29 CFR Section 1910.20 and 1910.1030 the department must maintain training records which **include the dates of a training**, **name of the qualified trainer,** and **names of all members attending the training** session for three years of the date of training.

WESTBURY FIRE DEPARTMENT

BLOODBORNE PATHOGEN TRAINING

EXPOSURE CONTROL PLAN

TRAINING REQUIREMENT

The department will provide training to every member, first as a member's probationary training requirement and then annually as mandatory training for all members on the active rolls and responsible to answer alarms. This training will be done under the supervision of the Board of Instructors and by Instructors who have had the Proper Medical Training
(*at Minimum, Completed Emergency Medical Technician Training*) .

This Training will cover all components of the department BBP policy, which includes the departments Exposure Control Plan.

WESTBURY FIRE DEPARTMENT

BLOODBORNE PATHOGEN TRAINING

EXPOSURE CONTROL PLAN

SUMMARY

WESTBURY FIRE DEPARTMENT

BLOODBORNE PATHOGEN TRAINING

EXPOSURE CONTROL PLAN

SUMMARY

- WHEN IN DOUBT PROTECT YOURSELF
- WITH PPE – It's never too much
- There's no turning back the clock – Once Exposed there's no going back
- EVERYONE IS RESPOSIBLE TO MAKE HAZARD KNOWN TO ALL
- Knowing facts + taking necessary precautions = Protection against Bloodborne Pathogens