Centurion Safety Education

**MONTHLY REFRESHER TRAINING**
**BLOODBORNE PATHOGENS**

**January – Week 1**

## BLOODBORNE PATHOGENS

Even though rendering first aid is not part of your job, there is always a chance that you could into contact with potentially infectious materials.

If you do choose to render first aid or could come in contact with blood or body fluids follow these precautions to protect yourself and your co-workers.

### UNIVERSAL PRECAUTIONS: PROTECTING YOURSELF FIRST

When dealing with blood or potentially infectious materials, always use **Universal Precautions**.

**Universal Precautions mean: Treat all blood and certain body fluids as if they are infectious every time.** This way you do not need to know:

- Who the blood belongs to
- How much blood is present
- Whether it "looks clean"

If blood or blood-contaminated fluid is involved, **assume risk and protect yourself**.


Remember:

- Even small or unseen amounts can matter
- **Dried body fluids can contain live pathogens for days**

### WHAT ARE BLOODBORNE PATHOGENS?

Bloodborne pathogens are **infectious microorganisms** that may be present in human blood and certain body fluids. Once inside the body, they can cause serious diseases.

Common examples include Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV)

These hazards are often **invisible at the moment of exposure** and may not cause immediate symptoms.

### HOW EXPOSURE ACTUALLY HAPPENS

Most people picture needle sticks or large amounts of visible blood, but that is **not** how most exposures occur.

Exposure can happen through:

- Needle sticks or sharps
- Contact with blood or blood-contaminated fluids through:
  - Cuts
  - Scrapes
  - Cracked knuckles
  - Hangnails
  - Eyes, nose, or mouth (mucous membranes)

**Important:** You do not need to see blood for an exposure to occur.
If blood-contaminated fluid reaches broken skin or mucous membranes, it counts.

Different pathogens behave differently, but they all target the **liver** — an organ that can be damaged **without pain or early warning**.

**Exposure does not always result in infection.**

However, even small or unnoticed exposures can carry risks. especially when they involve broken skin or mucous membranes. Prompt reporting allows healthcare professionals to assess risk and provide time-sensitive treatment when needed.

**PPE FOR UNIVERSAL PRECAUTIONS**

Use PPE whenever contact with blood or body fluids is possible:

- Gloves when handling contaminated items
- Eye and face protection if splashing or spraying is possible
- Protective clothing or gowns if clothes could become soiled
- CPR barrier devices to reduce mouth-to-mouth contact

**Gloves are disposable.** Change them as needed and **wash hands immediately after removal**.

**CLEANUP & DISPOSAL**

- All disposable items contaminated with blood or body fluids must be:
  - Properly removed
  - Red-bagged
  - Placed in approved biohazard containers
- Contaminated surfaces must be:
  - Secured
  - Cleaned
  - Disinfected immediately
- **Only trained and authorized personnel** may clean or disinfect blood or body fluids

Never eat, drink, smoke, or chew in areas that may be contaminated.

**IF AN EXPOSURE OCCURS**

If you are exposed to blood or potentially infectious materials:

- Immediately wash the area with soap and warm water
  (Flush eyes with clean water if splashed)
- Notify your supervisor immediately
- Seek medical evaluation — timing matters
- Document the exposure per company procedures
- Reporting protects **you**, not just paperwork.

**FIRST AID & EXPOSURE CONTROL**

- Provisions for medical attention must be made before work begins
- Only employees with current first-aid certification should render emergency first aid
- First aid kits must be:
  - Known to all employees
  - Easily accessible
  - Stored in weatherproof cases
- Supervisors must inspect kits monthly and replace missing or used items promptly

**Hepatitis B = *"The Terminator"* (This One Is Feared):**

- Up to **100× more infectious than HIV**
- Can survive in **dried blood on surfaces for at least 7 days**
- Requires only a **very small amount of blood** for exposure
- Can enter through **cuts, eyes, nose, or mouth**
- **Highly effective vaccine available**

**Attack Style:** Aggressive and efficient. Uses liver cells to replicate and cause inflammation.

**Hepatitis C = *"Michael Myers"* (The Silent Threat):**

- **75–85%** of infections become chronic
- Most people have **no symptoms for years or decades**
- Leading cause of **chronic liver disease and liver transplants**
- **No vaccine available**

**Attack Style:** Slow, quiet damage. Scar tissue builds over time without warning.

**Hepatitis A = *"The Joker"* (Fast & Chaotic):**

- Spread through **fecal–oral contact** (dirty hands, contaminated food)
- Symptoms appear **quickly** compared to other hepatitis viruses
- Does **not** usually become chronic
- Highly contagious when hygiene is poor

**Attack Style:** Sudden liver inflammation that shuts people down fast.

**Hepatitis D = *"Venom"* (The Multiplier):**

- **Cannot exist without Hepatitis B**
- Causes **more severe disease** when paired with Hep B
- Accelerates liver damage
- Prevented by **Hepatitis B vaccination**

**Attack Style:** Amplifies damage once another villain opens the door.

**Hepatitis E = *"The Penguin"* (Sanitation Specialist):**

- Spread through **contaminated water or food**
- More common where sanitation is poor
- Usually short-term but can be severe
- Reinforces hygiene as a safety control

**Attack Style:** Gut-to-liver assault driven by poor sanitation.