



Boston Tattoo Convention

August 29, 2014

Boston Public Health Commission

Bloodborne Pathogen Training

Topics

- Boston Public Health Commission
- Universal Precautions
- Work Practices
- Sanitation, Disinfection, and Sterilization
- Waste Disposal
- Hepatitis B Vaccination
- Post-exposure Evaluation and Follow-up
- Training



Handouts

- Copy of Powerpoint slides
- BPHC Body Art Regulations
- OSHA Fact Sheet
- OSHA Bloodborne Pathogen Standard
- Three NIOSH body art safety posters
- Body Art Convention Inspection Checklist
- Blood Borne Pathogen Quiz

Boston Public Health Commission

Body Art Regulation

- In effect in Boston since 2001
- Regulates piercing, tattooing, cosmetic tattooing, branding, and scarification
- Sets standards such as licensing, sanitation and sterilization, training, record keeping, and body art practices
- Body Art Convention Inspection Checklist

Universal Precautions

- An Approach to Infection Control
 - All blood & tissues are assumed to be infectious
 - no way to assure complete absence
 - treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens
 - Precautions include hand washing; personal protective equipment; proper handling and disposal of sharps and blood and body fluid-contaminated products

OSHA Bloodborne Pathogen Standard

- In effect since 1992
- Reduce Exposure - Lower Risk
- Direct Contact
 - Needlestick
 - Mucous membranes
 - Nonintact skin
- Bloodborne pathogens transmitted by direct contact with Contaminated Blood or Other Potentially Infectious Material (OPIM)
 - Human blood or any body fluid contaminated with blood
 - Saliva
 - Peritoneal or pericardial fluid
 - Cerebrospinal fluid
 - Amniotic fluid
 - Synovial fluid
 - Pleural fluid
 - Semen
 - Vaginal Secretions

Work Practice Controls

- All products applied to skin, such as stencils, applicators, gauze, and razors must be single use disposal
- Reusable needles and equipment must be cleaned and then autoclaved prior to use.
- New clean barrier covering placed on work surface, rinse cups, and other equipment for each client
- Tattoo machine bodies and power cords are covered with new plastic wraps before each client

Housekeeping

- Regularly wipe down used equipment and work areas
- Maintain a high degree of personal cleanliness, conform to hygienic practices and wear clean clothes
- Contaminated equipment must be decontaminated before servicing or labeled as biohazard

Handwashing

- Before start work with a client
- After changing gloves
- After contact with blood or similar infectious materials
- Alcohol-based hand sanitizer may be used



Personal Protective Equipment

- No cost to employee
- Appropriate for use
- Readily accessible
- Employer ensures is used
- Hypoallergenic gloves or other similar alternatives
- Change disposable gloves frequently
- Disposable gloves single use
- Check gloves for holes before and during use



Sharps Safety

- Single use needles are strongly recommended
- Reduce the number of times hands are in contact with a sharp
- Whenever possible, use a tool instead of fingers to handle sharps
- Used sharps must not be bent, recapped



No Eating, Drinking

- No eating, drinking, or storing food in work areas around human blood



Labels and Signs

- Refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship
- Contaminated Equipment
- Or red labeled waste containers



Autoclave Operations

- Ultrasonic Cleaning Unit and Autoclave or Sterilization Unit shall be used and maintained according to manufacturer's specifications
- Each Ultrasonic Cleaning Unit and Autoclave shall be emptied and thoroughly cleaned and disinfected at least once each day that the unit is used
- Monthly biological spore testing of the autoclave
- Record-Keeping Log

Waste Practices

- Trash service
 - not contaminated
- Regulated Medical Waste
 - body fluids with visible blood
 - materials saturated with blood
- Daily removal of waste

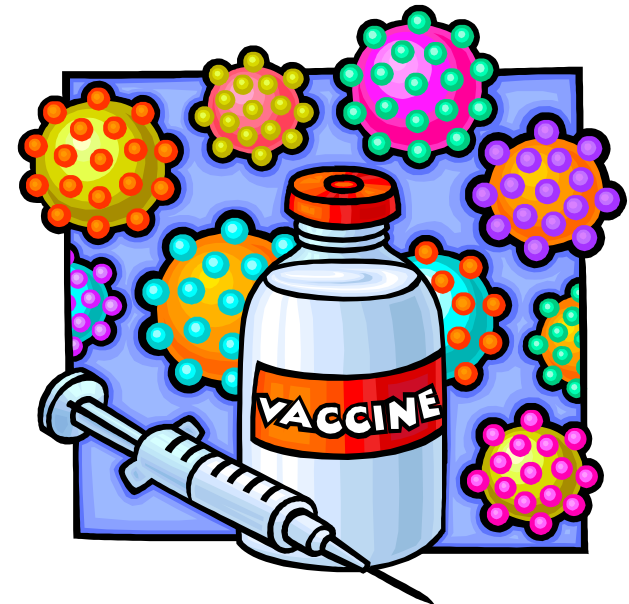
Sharps Containers

- Sharps containers are easy to reach
- Closeable, puncture-resistant, leak-proof and labeled
- Replaced routinely and not overfilled
- Needles, syringes, razor blades, scalpels, contaminated glass



Hepatitis B Vaccine

- Offered at no cost to employee
- At a reasonable time and place
- Made available within 10 working days of initial assignment to jobs with exposure to BBP
- Three shots, one at 0, 1 and 6 months
- 90% or better respond



Post Exposure

- If you are exposed to another person's blood:
 - Wash needlesticks and cuts with soap and water
 - Flush splashes to the nose, mouth, or skin with water
 - Rinse eyes with clean water or saline
- Seek prompt medical assistance
- Tell the shop owner
- Baseline bloods for status of HIV, HBV and HCV
- Prophylaxis
 - Hepatitis B Immunoglobulin
 - Antiretrovirals
- Follow up may be out to 1 year

Training

- Employers are responsible for ensuring employees receive training that cover standard
 - At no cost to employee and during work hours
- Initial, annual, and when new or modified tasks or procedures affect a worker's occupational exposure
- Workers have opportunity to ask trainer questions.
- Training must be presented at an educational level and in a language that workers understand.
- Employer must maintain training records
- BPHC Body Art Practitioner license requires BBP training and CPR and first aid certification

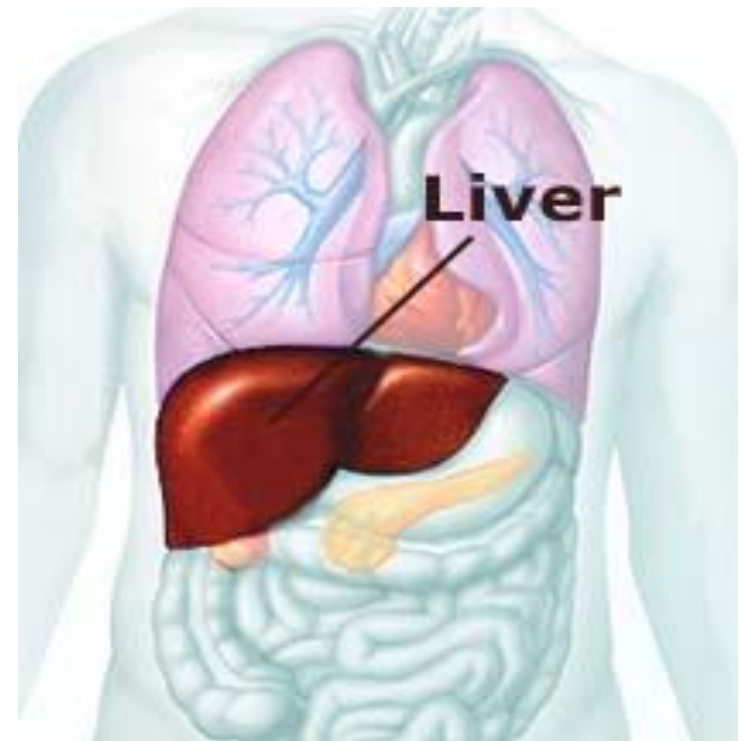
Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), & Human Immunodeficiency Virus (HIV)

- Bloodborne viruses
- Can produce chronic infection
- Transmissible
 - Needle stick/cut from contaminated sharp
 - Mucous membrane exposure
 - Open cut/skin exposure
- Are often carried by persons unaware of their infection



Hepatitis

- Inflammation of the liver
 - viral/bacterial infection
 - immune system attack
 - toxin induced injury
 - damage due to interrupted blood flow
 - abdominal trauma



Viral Hepatitis—Overview

Types of Hepatitis

	A	B	C	D	E
Source of virus	feces	blood/ blood-derived body fluids	blood/ blood-derived body fluids	blood/ blood- derived body fluids	feces
Route of transmission	fecal-oral	percutaneous permucosal	percutaneous permucosal	percutaneous permucosal	fecal-oral
Chronic infection	no	yes	yes	yes	no

Average Risk of Transmission After Percutaneous Injury - CDC

<u>Source blood</u>	<u>Risk (%)</u>
HIV+	0.3
Hepatitis C+	1.8
Hepatitis B+	6-30*

*6-30% risk of HBV for individuals who did not receive HBV vaccination

Methicillin Resistant Staphylococcus Aureus (MRSA)

SYMPTOMS

- MRSA is a kind of Staph bacteria that is resistant to antibiotics
- Skin infections may appear as boils which are red, swollen, painful, or have pus or other drainage.
- MRSA can be carried by a person for a day or months.
- Treatment-antibiotics and may include draining site
- Lab testing can aid in deciding which antibiotic to use

TRANSMISSION

- MRSA is spread through direct contact with the skin of infected person. It can be found live on objects and surfaces for a day.
- Touching objects, such as towels, sheets, sporting equipment with Staph
- It is diagnosed with a sample from the person's skin, nose or infected site and performing a lab test

How to prevent MRSA Infections

- Wash and clean your hands. Use soap and warm water to wash your hands thoroughly or use alcohol-based hand sanitizers
- Keep all scrapes and cuts clean and covered bandages until healed
- Avoid contact with other people's wounds or dirty bandages
- Do not share personal items such as towels or razors

Questions