

OSHA/Infection Control Annual Update Training – 2010

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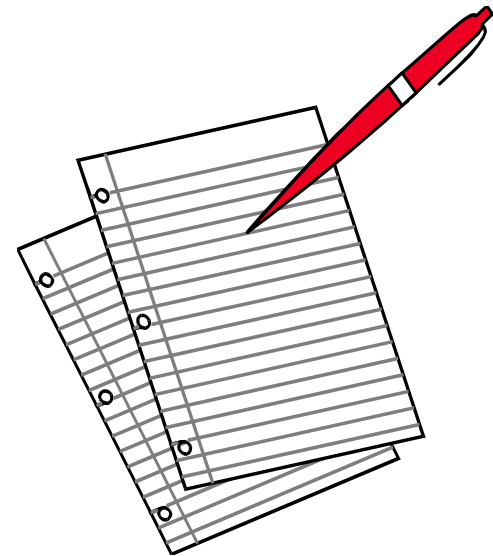


Disease Numbers 2008–2009

- ▶ 2008
 - ▶ AIDS – 39,202
 - ▶ Hepatitis B – 4,033
 - ▶ Hepatitis C – 877
 - ▶ Syphilis – 13,048
 - ▶ TB – 13,299
 - ▶ WNV – 1,356
- ▶ 2009
 - ▶ AIDS – 36,870
 - ▶ Hepatitis B – 3,020
 - ▶ Hepatitis C – 782
 - ▶ Syphilis – 12,833
 - ▶ TB – 11,540
 - ▶ WNV – 663

Local Disease Stats–

- ▶ AIDS – 769
- ▶ Hepatitis B – 75
- ▶ Hepatitis C –
- ▶ TB – 208
- ▶ Syphilis– 647
- ▶ WNV – 0



•VA Dept. of Health 2010

Other Key Diseases

- ▶ Measles cases – 61
- ▶ Mumps – 982
- ▶ Pertussis (whooping cough) – 13,506
- ▶ Chickenpox – 16,944

January 7, 2010

MMR & Autism

- ▶ Dr. Wakefield's work fabricated



January 10, 2010

Check your vaccine/immunization status

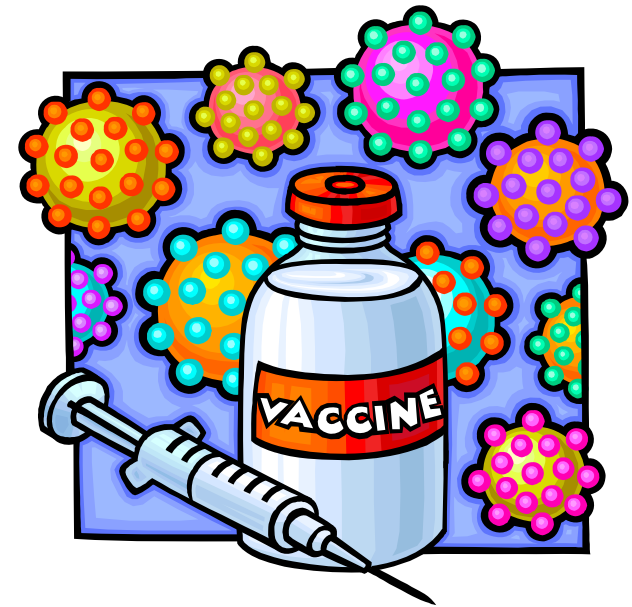
Records Request

- ▶ High school
- ▶ College
- ▶ Previous employer



Vaccines/Immunizations

- ▶ OSHA enforcing CDC guidelines for –
- ▶ HBV vaccine
- ▶ Tdap booster
- ▶ Chickenpox vaccine
- ▶ MMR
- ▶ Flu vaccine



Ryan White Notification Law

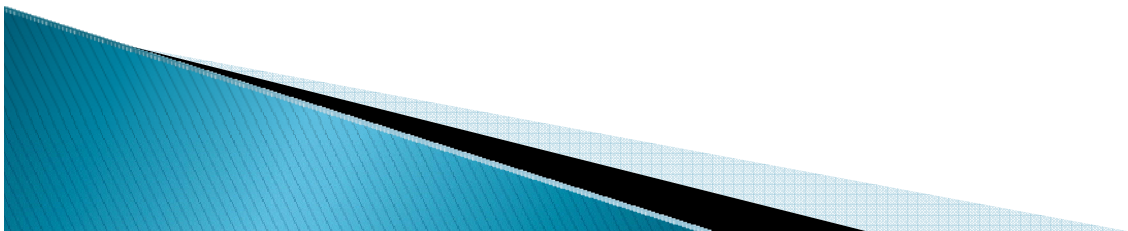
Update – November 2009

- ▶ Ryan White Notification Law – is back!
- ▶ Now listed under–
 - Part G



Disease List

- ▶ New one required
- ▶ HHS has authorized CDC to develop



Refresher/Reminders

Exposure Control Plan Annual Update

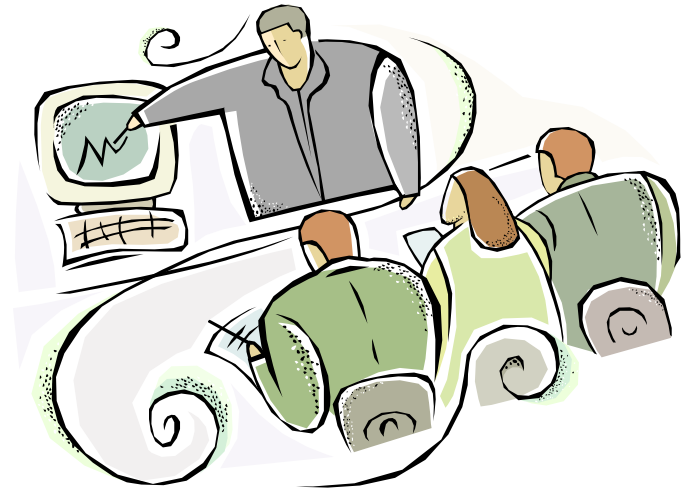
- ▶ Update annually
- ▶ Update disease information



Paragraph ©(1)(iv), CPL 2-2.69, OSHA

Training Clarification

- ▶ New hire training
- ▶ Annual update training



Human Bites & Exposure

- ▶ You are bitten and blood is drawn
 - You are not exposed
 - it is YOUR blood !



Non –Risk Body Fluids, HIV, HBV,HCV

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

•CDC, May 15, 1998, June 29, 2001, Sept. 2005

HBV Infection Rate– US

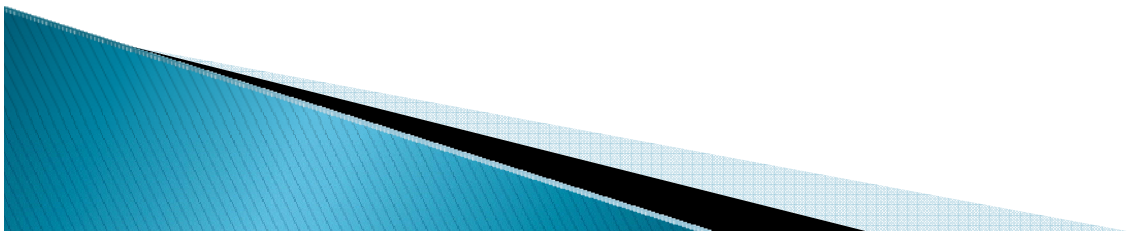
- ▶ Healthcare worker infection infrequent



CDC, September, 2008

Hepatitis B Vaccine

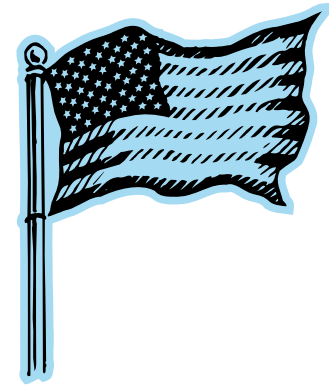
- ▶ There is NO formal requirement or recommendation for a booster
- ▶ Offers protection via “immunologic memory”
- ▶ Titer 1–2 months after completion of vaccine series is required– OSHA enforcing
 - CDC, 1992,1997, June 29, 2001, December 2006



Hepatitis C Cases

Incident rate
continues to decline

- ▶ Rate in US– 1.3%



•September, 2008

Hepatitis C

- ▶ 15% – 20% of acute infections
 - Sexual exposure



AxSYM Anti HCV

- ▶ New rapid test for HCV
- ▶ Takes 23 mins.
- ▶ More accurate than other antibody tests
- ▶ Performed on the source !
- ▶ Cost \$65.00



CDC, 2005

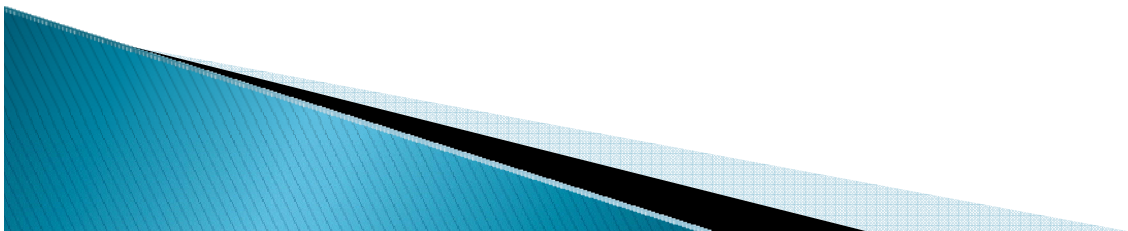
Newest Rapid Test

- ▶ OraQuick HCV
- ▶ FDA approved in June
- ▶ VAOSH enforcing



Reminder –

- ▶ If you are exposed to a hepatitis C positive patient, you should have a blood test in 4– 6 weeks
- ▶ HCV–RNA (blood test)
 - Cost – \$65.00



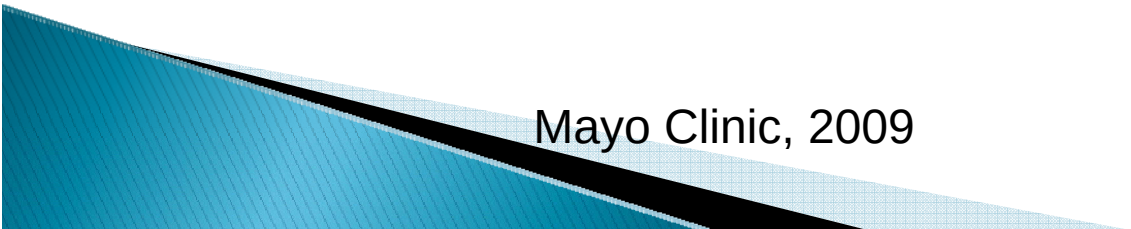
Hepatitis C – Early Treatment

- ▶ Studies – Germany & France
 - HCV–RNA positive begin treatment
 - 24 weeks – clear viral load



HCV & Treatment

- ▶ If only slight liver abnormalities, treatment may not be needed



Mayo Clinic, 2009

Infected Healthcare Workers– Occupational Infection–HIV

- ▶ 1978 – December, 2007
 - 57* documented cases
 - 0 in fire/EMS personnel
 - 49 were sharps related exposures

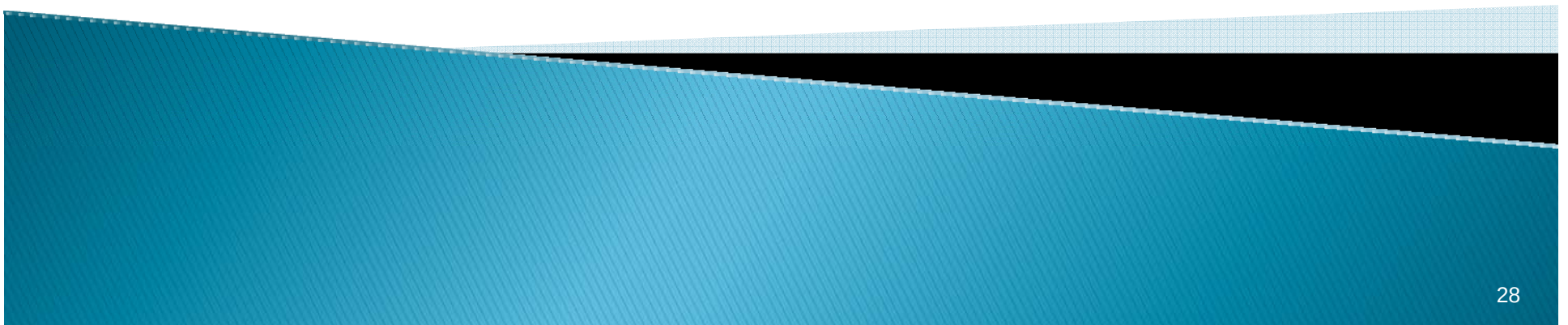
CDC, 2008(CDC), NIOSH

Undocumented Cases

- ▶ 139 cases of “possible” occupational acquired HIV infection
- ▶ 12 in EMT/Paramedics

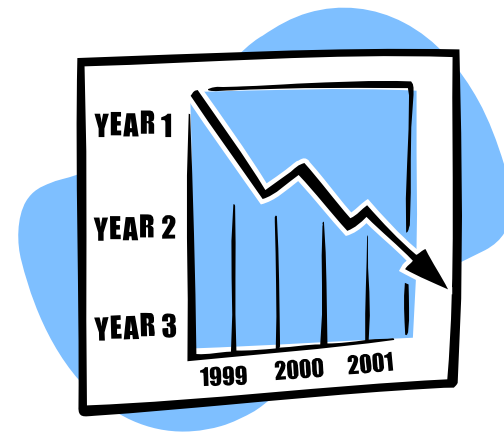
CDC, September 14, 2008

**No new cases since
2000**



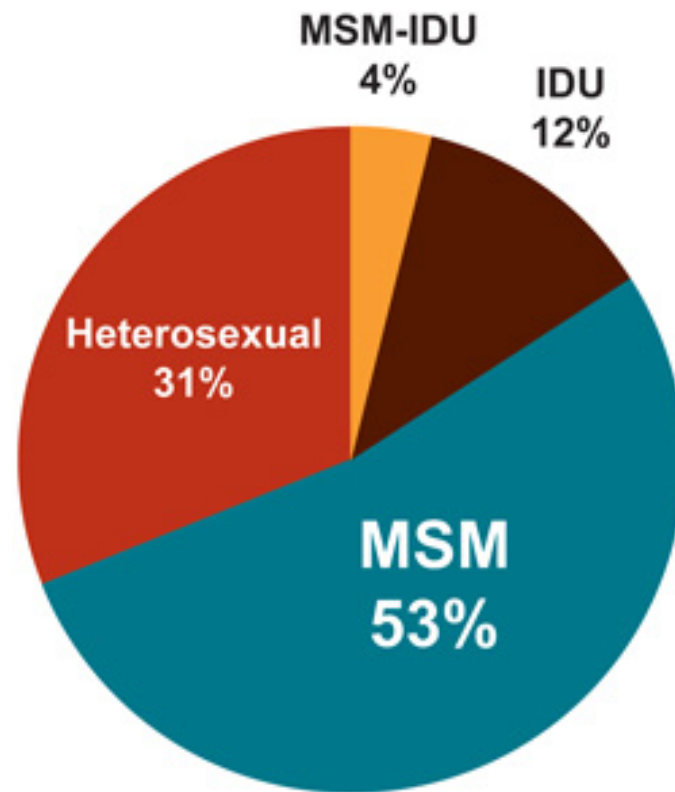
Update in U.S.

- ▶ HIV transmission rate decreased 89% since 1984 and 33% since 1997



CDC, 2008

Estimates of New HIV Infections in the United States, By Transmission Category



Hall HI, Song R, Rhodes P, et al. Estimation of HIV Incidence in the United States. *JAMA* 2008;300: 520–529

States Broaden HIV Testing

- ▶ California
- ▶ Illinois
- ▶ Iowa
- ▶ Louisiana
- ▶ Maine
- ▶ Maryland
- ▶ New Hampshire
- ▶ New Mexico
- ▶ North Carolina
- ▶ North Dakota
- ▶ Rhode Island
- ▶ Virginia

Rapid HIV Tests

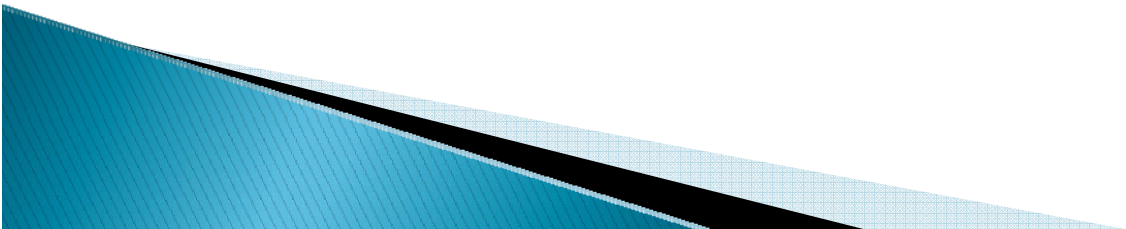
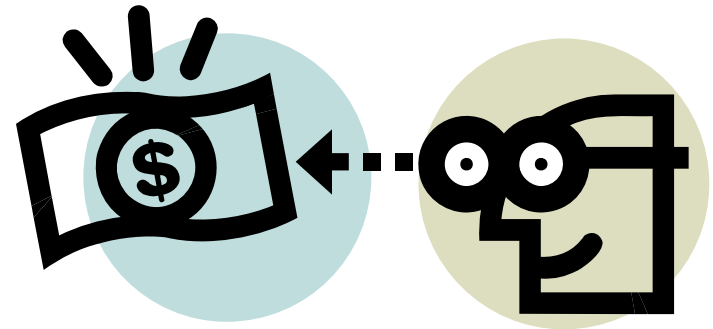
Rapid HIV Test – currently available – using blood

OraQuick
Reveal
Uni-Gold
Multispot
Clearview

CDC January 2007

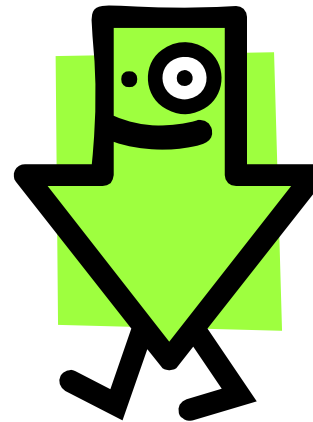
Local Labs

- ▶ Not complying
 - Money issue



Syphilis Cases

- ▶ 2009 first documented decrease
- ▶ Post exposure follow up if source is HIV positive or Hepatitis C positive



Highest States for cases – 2009

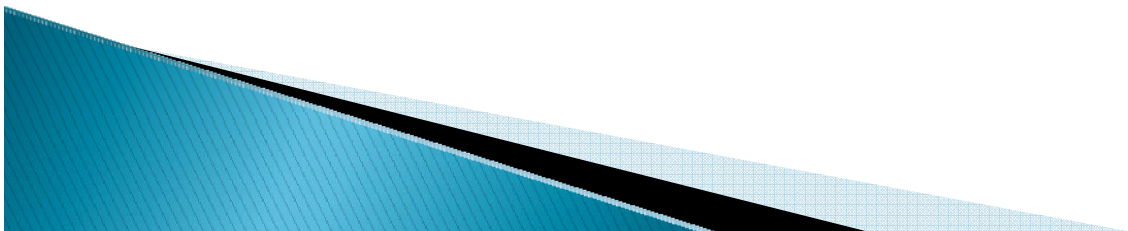
- ▶ California
- ▶ Texas
- ▶ New York City
- ▶ Florida



CDC, MMWR, Jan. 7, 2010

CDC – Plan

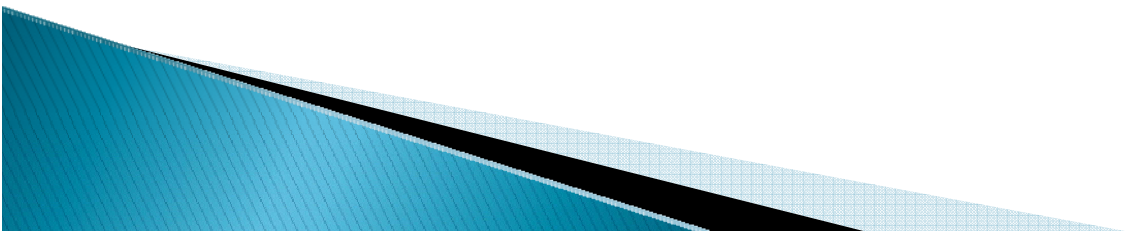
- ▶ Update plan to eliminate syphilis by 2015
 - Appears to be working



Tuberculosis

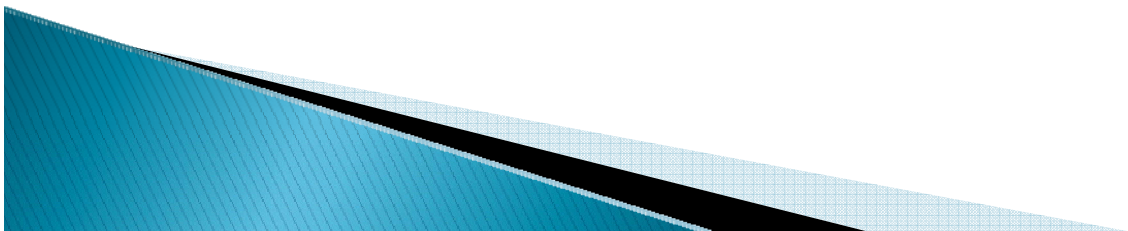
Tuberculosis

- ▶ 2009 lowest case number since 1953
- ▶ 71.4% decrease since 1993
- ▶ 2007 – screening applicants for entry to U.S.



Multi-drug Resistant TB

- ▶ MDR-TB – 84% in foreign-born persons
 - 107 cases in 2008
- ▶ XDR-TB – 2 cases reported in 2007
 - XDR-TB 1993 –2007 = 83 cases reported
 - No cases 2008/09



Risk Assessment

- ▶ Based on number of active–untreated TB patients transported in the past year
- ▶ Update each year!



Risk Assessment – TB

▶ Low Risk

- Transported less than 3 TB patients

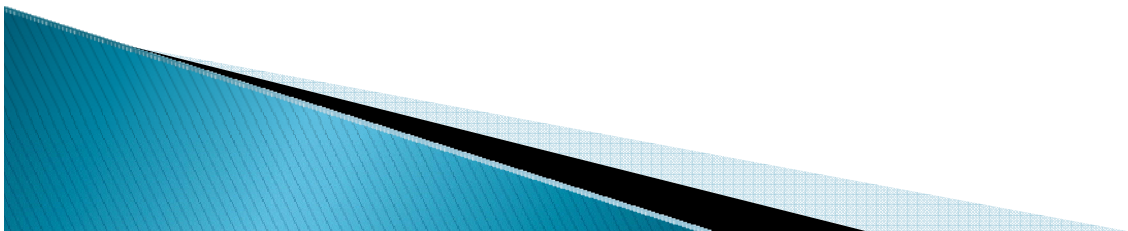
▶ Medium Risk

- Transported more than 3 TB patients



Department TB Risk Assessment

- ▶ 2009 –



New Version TB Blood Test

- ▶ QFT-G (In-tube)
 - FDA approved – October 2007
 - Less time consuming to perform
 - More accurate
 - Cost effective



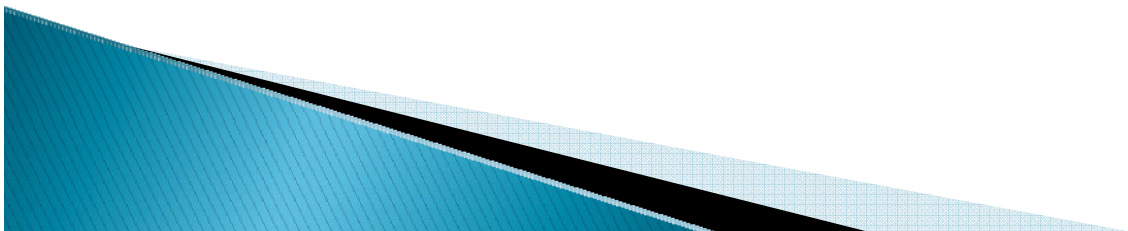
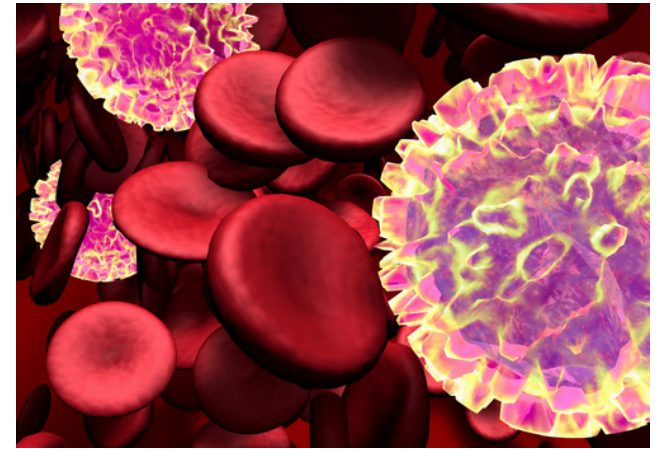
Transmission – Plane

- ▶ “ TB is generally not spread by casual contact, but typically requires relatively prolonged contact in shared air space. The environment on long flights in commercial aircraft, particularly those of 8 or more hours in length, has been previously implicated in TB transmission, especially to passengers seated in close proximity”

Dr. Cetron, US Public Health, July,2007

West Nile Virus – Update

- ▶ Cases 2008 = 1,356
- ▶ Cases 2009 – 663



West Nile Virus – 2009

- ▶ Cases moved westward
- ▶ Highest cases –
 - Texas – 104
 - California– 103
 - Colorado – 101
 - Nebraska – 51



CDC, Dec. 8, 2009

Flu Vaccine – Annual

“Direct patient care”

All healthcare
workers



CDC Flu Vaccine Program

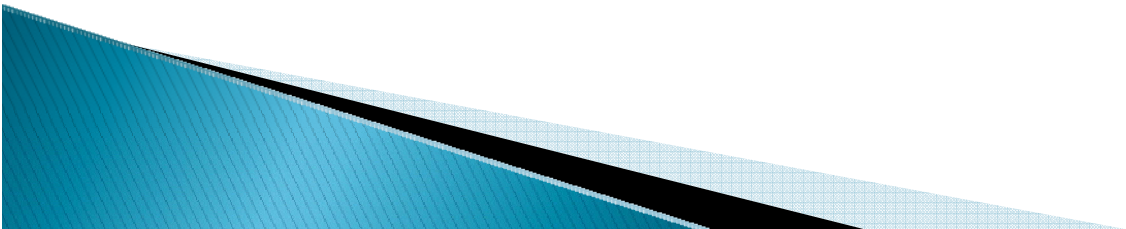
- ▶ Employers must offer
- ▶ Employers must pay
- ▶ Employees who decline – sign a declination form



CDC, February 24, 2006/2008/2009, NFPA 1581

Department Flu Vaccine Participation – 2009

▶ Percent =



Vaccine for 2010/11

- ▶ A– California/ H1N1
- ▶ A– Perth/16/2009
- ▶ B–Brisbane/60/2008



CDC, 2010

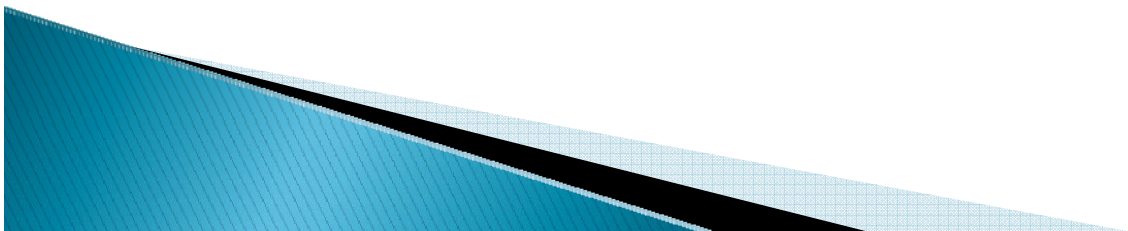
FluMist – Nasal Spray

- ▶ For healthy persons ages
 - 2– 49 years
 - Does not need to be stored frozen
 - Do not take if pregnant – live virus vaccine
 - No thimerisol
 - Is egg based
 - Cost reduced
 - No work restriction



Flu Vaccine Program Rationale

- ▶ Reduce annual illness in staff
- ▶ Increase protection from flu viruses
- ▶ Reduction of Flu will assist in identification of a pandemic



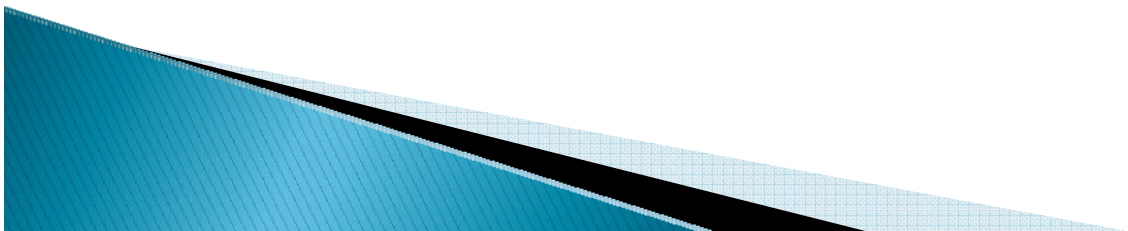
Work Restriction

- ▶ Restrict ill workers from the workplace
 - use sick time
 - protect co-workers
 - protect patients



Flu Vaccine – Mandate?

- ▶ Groups calling for mandate
 - American Academy of Pediatrics
 - Infectious Disease Society of America
 - Society for Healthcare Epidemiology of America



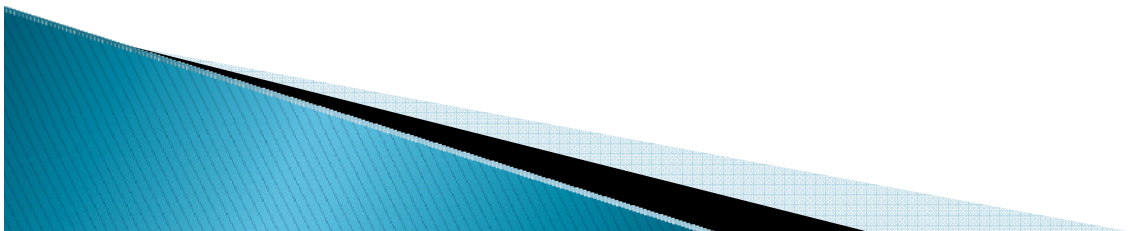
Vaccination prevents influenza– get vaccinated

CDC, Dr. Fiore

MDROs – Basic Issues

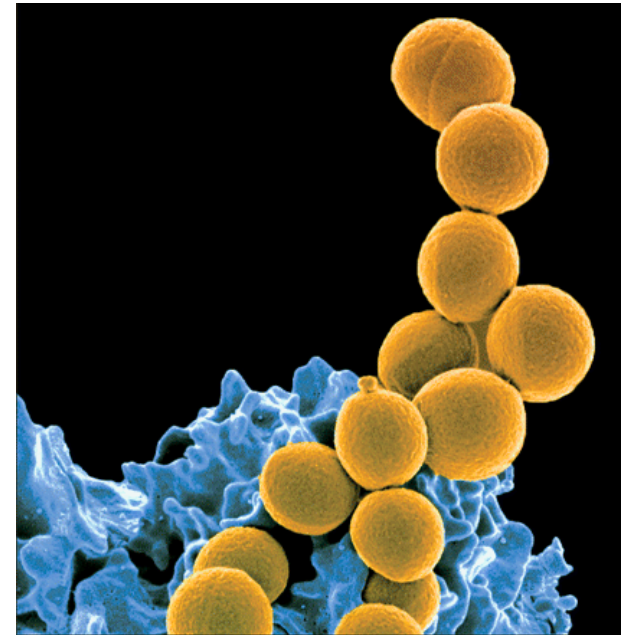
MRSA – Update

- ▶ MRSA is the major hospital acquired pathogen
- ▶ 21% of skin infections & 28% surgical wound infections
- ▶ Inpatient specimens – 18.8%
- ▶ Outpatient specimens – 14.9%
- ▶ 60% in the ICU



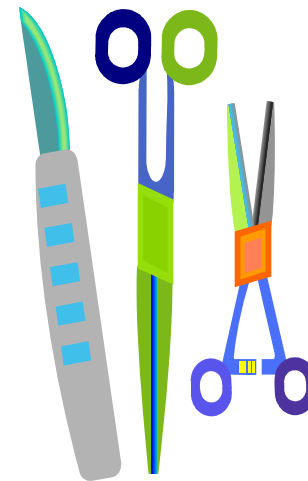
New Strain – USA 300

- ▶ Community acquired
- ▶ More easily transmitted



Treatment

- ▶ Incision & Drainage for soft tissue infections
- ▶ No antibiotics needed

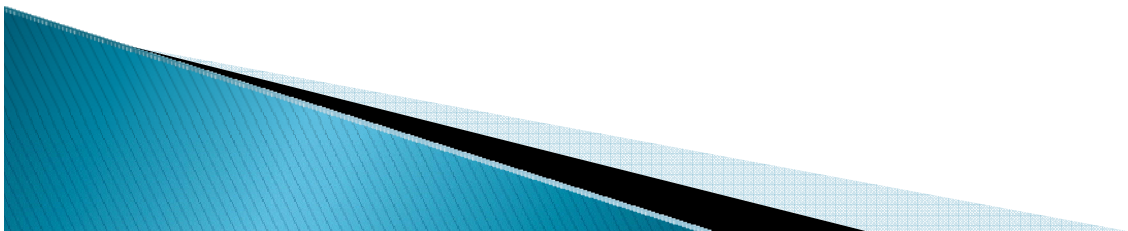


Clostridium difficile

C- diff

C– diff

- ▶ Anaerobic spore-forming bacillus
- ▶ *Clostridium difficile*-associated disease (CDAD)
 - Hospital-acquired
 - Related to antibiotic treatment



Remember

Cleaning with 1:100
bleach/water solution
is adequate (1 /4 cup
bleach to one gallon
water)

- ▶ Good for 24 hours
after being mixed



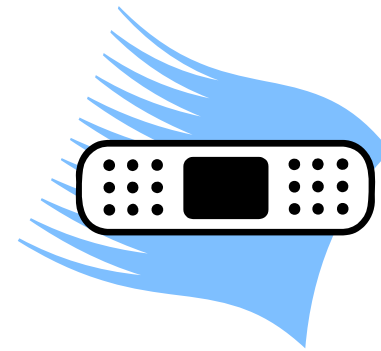
Prevention for HCW's

- ▶ Handwashing –
 - after touching blood/body fluids
 - after touching contaminated objects
 - after glove removal



Prevention Issues

- ▶ Open areas on skin should be covered with a dressing–
- ▶ too large to cover – limit work tasks

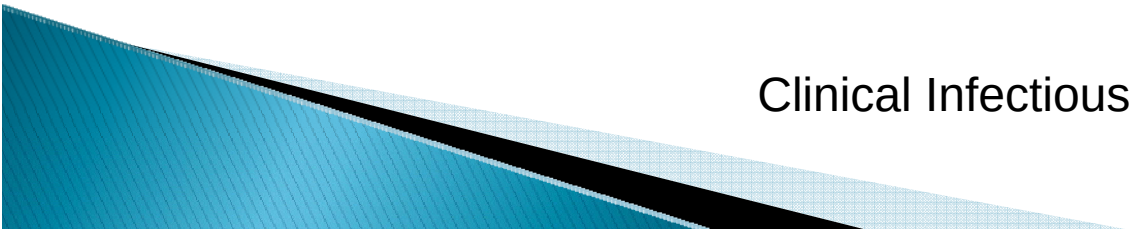


CDC, NFPA, OSHA

Plan for New Antibiotics

- ▶ Infectious Disease Society of America (IDSA)
- ▶ European Union
 - Global effort to make 10 new antibiotics by 2020

Clinical Infectious Diseases, 2010;50:1081-1083



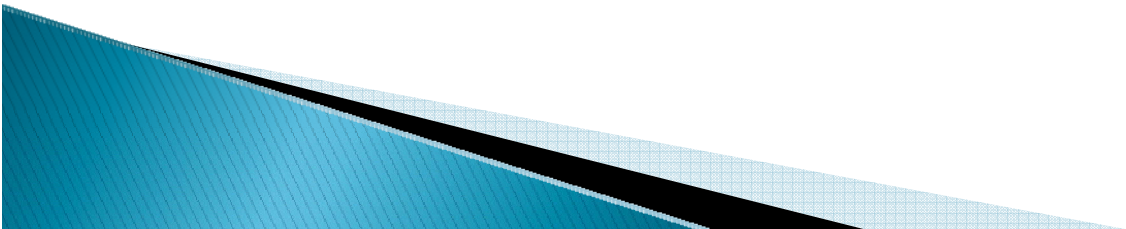
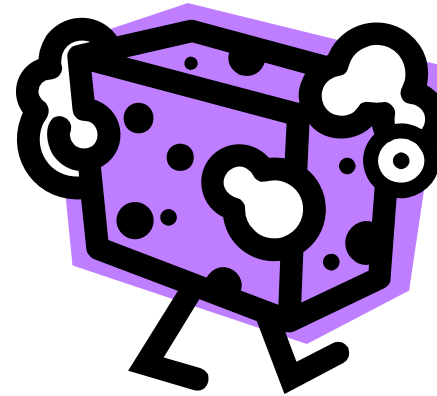
Compliance Monitoring

Check for compliance with cleaning routines



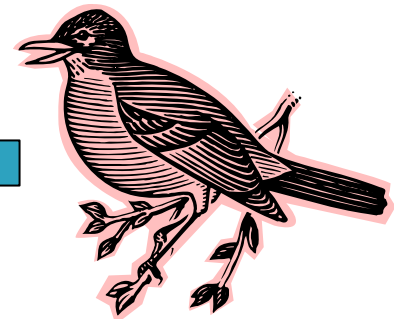
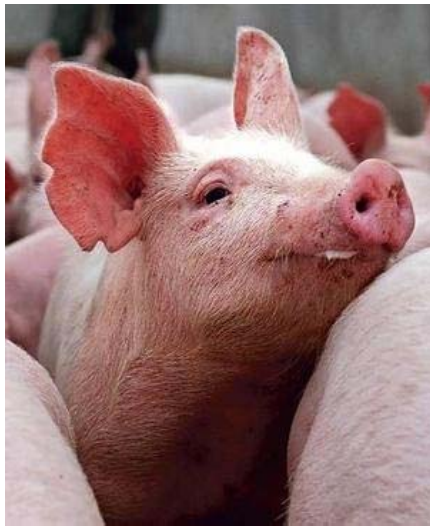
Cleaning Issues

- ▶ There is no disease that requires airing of a vehicle or putting a vehicle out of service
- ▶ Clean and go!



H1N1 Flu Virus

- ▶ New virus



Signs / Symptoms

- ▶ Flu-like
 - Fever
 - Sore throat
 - Cough
 - Nausea
 - Vomiting
 - Diarrhea**



Severe Signs / Symptoms

▶ Adult

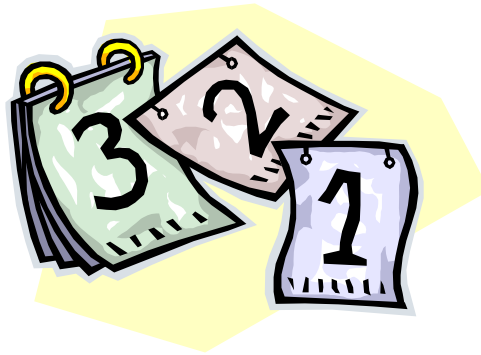
- Shortness of breath
- Chest pain/pressure
- Dizziness
- Confusion
- Persistent vomiting

▶ Pediatric

- Respiratory distress
- Bluish skin color
- Irritability
- Fever with rash
- Low fluid intake
- Not waking or interacting

Incubation Period

- ▶ 1 – 7 days



Prevention

- ▶ Travel history on patient assessment especially with respiratory symptoms



PPE Recommendations –

- ▶ When in close contact:
 - Surgical mask
 - Eyewear
 - Gown



CDC, July 29, 2009, WHO

N 95's – ?

- ▶ For:
 - Intubation
 - Suctioning
 - Fit testing required
 - Fully comply with 1910.134

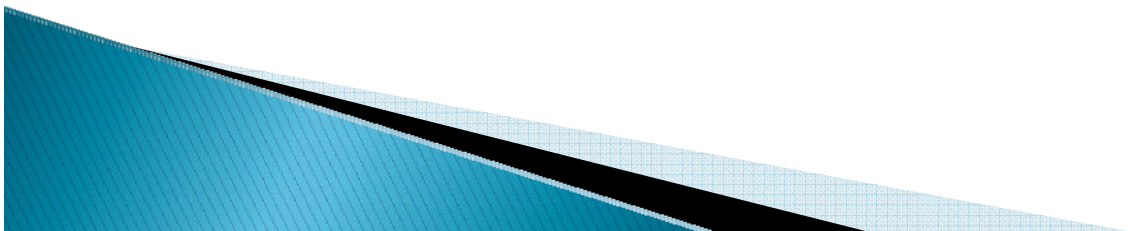


June 3rd Meeting–Notes

- ▶ CDC to change H1N1 PPE guidelines
- ▶ Transmission – hand to mouth to nose to eyes?
- ▶ Surgical mask on patient blocked transmission
- ▶ No science to show N95's are more protective than surgical mask
- ▶ 30% – 50% infected had no signs/symptoms
- ▶ Presence of aerosols does not mean they are infectious

Change – CDC Guidelines

- ▶ September 16, 2010
 - New Guidelines for seasonal flu and H1N1
 - Surgical masks !



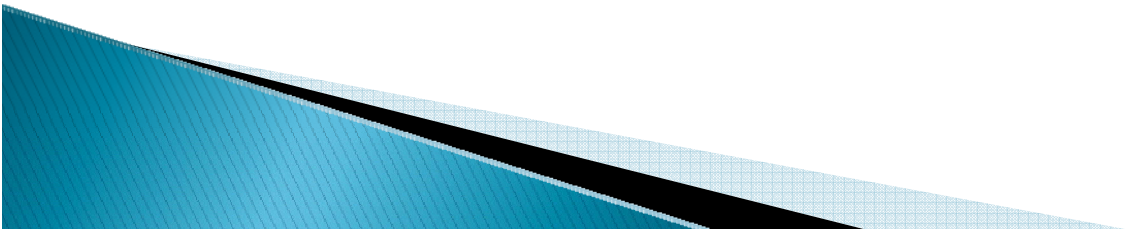
Why is there a change?

▶ Outbreak Investigation

- Verify the diagnosis and confirm the outbreak
- Define a case and conduct case finding
- Tabulate data as to time, place and person
- Take immediate control measures
- Formulate and test hypothesis
- Plan and execute additional studies
- Implement and evaluate control measures
- Communicate findings

Survival on Surfaces

- ▶ About 2 hours
 - Routine cleaning is important
 - Equipment
 - Surfaces in vehicle



No Antibacterials

- ▶ New problem:
 - Triclosan



FDA, 4/8/10

Pandemic Phase

- ▶ Redefining Phases

WHO kept 6 phase system but changed the wording

WHO, 2009

Keeping Perspective

- ▶ H1N1 flu case
- ▶ Deaths –
- ▶ Annual Seasonal Flu deaths
 - US
 - 36,000

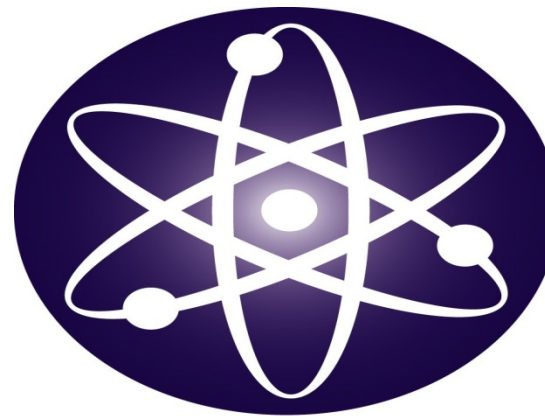
This has been practice

- ▶ We are not yet ready

- ▶ Problems Identified:
 - Old vaccine production methods
 - Not sure how many cases actually occurred
 - Need to address severity of illness
 - Need rapid testing methods

Evidence Based Practice

- ▶ Science to drive–
 - Procedures
 - Policy
 - Purchasing



Science

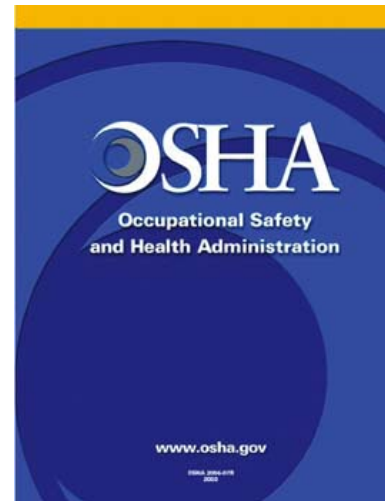
New OSHA Enforcement – 2009

- ▶ October 21, 2009
 - Focus on recordkeeping
 - Medical records
 - OSHA 300 forms
 - Sharps injury logs
 - Training records



State Plan States

- ▶ Audits being conducted
 - More inspections

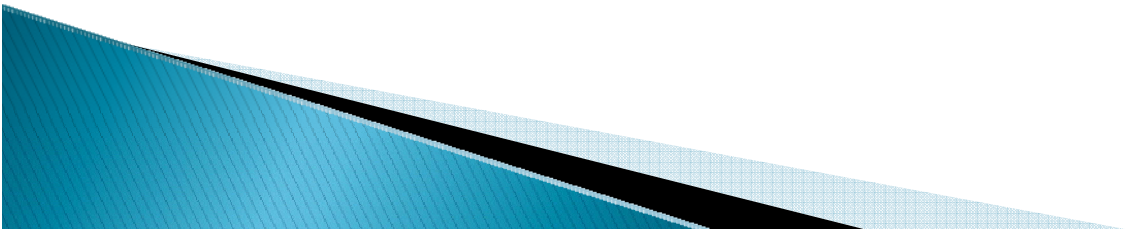


OSHA Most Common BBP Citations – 2009

- ▶ Failure to have an Exposure Control Plan
 - No training offered at no cost and during work hours
- ▶ Failure to update Exposure Control Plan annually
- ▶ Failure to use engineering/work practice controls
- ▶ Failure to offer HBV vaccine to at risk employees and post-exposure follow up
- ▶ Failure to have vaccine declination forms
- ▶ Failure to have an implementation schedule for the Exposure Control Plan
- ▶ Failure to have a sharps injury log
- ▶ Failure to document consideration and implementation of safer medical devices to reduce exposure risk
- ▶ Failure to discard sharps into sharps container as close as possible to site of use

Exposures – 2009

- ▶ Bloodborne –
- ▶ Airborne –



Questions & Answers

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