



Preventing bloodborne pathogen exposures in the home healthcare environment



Introduction

Although the Occupational Safety and Health Administration's (OSHA) bloodborne pathogen standard¹ has been in place for years, many healthcare organizations continue to experience significant employee injuries involving blood and bodily fluid exposures. This RiskTopic explores the exposures to home healthcare workers and offers guidance to help prevent injuries from blood and bodily fluids for those working in this environment.

Home healthcare workers may be exposed to serious diseases while working with clients in the home environment, particularly when infectious agents are present in a client's blood and bodily fluids. Knowledge of these exposures and how to prevent them is essential.

Discussion

OSHA, a federal government agency, has a safety standard that was developed to protect healthcare workers from diseases that may occur from exposure to blood or bodily fluids during the course and scope of providing healthcare-related services for their employer. Some states also have their own standards that may be stronger than the federal standard. Healthcare organizations need to take into consideration and abide by these safety requirements, and educate their employees on measures they should take to help prevent personal exposure.

Bloodborne pathogens are infectious microorganisms in human blood that many cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and HIV. Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens.¹ Exposure may also occur from splashes to the body from fluids containing contaminated blood.

Non-sharps exposure sources may include:

- Splashes, sprays, splatters and droplets of human bodily fluids or blood in the eyes, mouth and/or nose
- Contaminated work surfaces, waste receptacles, pails and bins
- Bites (when the biter's saliva is mixed with the home health care worker's blood)

Exposures from cuts and punctures may occur while handling syringes during injection, during the injection, before disposal, during disposal or while recapping a syringe.

Even though a strong federal standard is in place and employers have bloodborne pathogen safety policies, we continue to see exposures to home healthcare workers due to reasons that may include:

- Improper or inconsistent use of personal protective equipment (PPE), such as medical gloves
- Rapid work pace or high client workload
- Lack of proper disposal of sharps
- Client or client home distractions
- Combative, aggressive patients



Guidance considerations

Universal precautions

Universal precautions² is an approach to infection control that treats all human blood and certain human bodily fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens. It is important that all home healthcare workers treat clients' blood and bodily fluids as if they are infectious and abide by their company's bloodborne pathogen policy.

Injury prevention reminders for home healthcare workers

Training is required for all healthcare workers at hire and annually. Home healthcare workers should provide their full attention to this training, even if it appears the training has the same content as a previous course. There may be changes or additions to the training, or workers may have forgotten some of the safety requirements.

Below are some considerations when performing home healthcare activities where blood or other bodily fluids may be present.

What to do if exposed to blood or bodily fluids while working

The National Institute for Occupational Safety and Health recommends that the following steps should be taken immediately if an employee is exposed to blood or bodily fluids while working:³

- Wash needlesticks and cuts with soap and water
- Flush splashes to nose, mouth or skin with water
- Irrigate eyes with clean water, saline or sterile irrigates
- Report the incident to the supervisor
- Seek medical attention immediately

It is also important to follow the company policy on post-exposure treatment and follow-up.

Sharps handling	Other considerations
Engage safety syringe device properly	Wear provided PPE (gloves, eye/facewear, etc.)
Report any issues with syringes promptly	Wash hands between clients and after removing gloves
Dispose of used sharps promptly	Handle blood, tissue and other bodily fluids as if they are contaminated
Replace disposal containers when near the fill line	Use correctly sized latex-free or other disposable gloves
Do not recap unless you are allowed to; then, use a one-hand method that you have been trained on	Consider double-gloving when working with patients with a diagnosed or suspected disease
Discard broken glass in appropriate containers	Clean and disinfect all possible contaminated surfaces
Look for improperly discarded sharps in bedding and clothing	Handle laundry items that may be contaminated or become contaminated properly
	Consider or reconsider taking the Hepatitis B vaccine before an injury occurs, and take prescribed medication after an injury occurs

Conclusion

Home healthcare workers, who could potentially be exposed to blood and bodily fluids, should be knowledgeable of care activity and work practices that might expose them to blood and bodily fluids that could result in occupational disease. It is important that all workers practice universal precautions by treating all human blood and certain human bodily fluids as if they were known to be infectious. Finally, if injured, employees should treat the area quickly, report the incident promptly and seek immediate medical attention. With employee and employer attention to loss prevention, we can help to make a difference.

References

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3. "Bloodborne Infectious Diseases: HIV/AIDS, Hepatitis B, Hepatitis C." Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health (NIOSH). 5 October 2016. <https://www.cdc.gov/niosh/topics/bbp/emergnedl.html>.

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