



# ProTrainings

Because Life Matters



## **Instructor Manual Bloodborne Pathogens**



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## PROTRAININGS INSTRUCTOR CERTIFICATION FACTS

### Description:

The ProTrainings, LLC Instructor trainings are designed to prepare individuals to teach CPR, FirstAid, and Bloodborne Pathogens courses. Instructors will have several options available to provide certification to students: traditional classroom, blended and 100% online programs.

### Purpose:

ProTrainings, LLC Instructor certification is designed to provide individuals with the skills, tools, and knowledge to successfully teach students CPR, First Aid, and Bloodborne Pathogens. Upon successful completion, Instructors can issue student certificates according to their level of training.

### Course Design:

#### Prerequisite:

- Must have a current ProTrainings, LLC student/provider level certificate or equivalent that is equal to the skill level of desired instructor certificate.

#### Instructor Training:

- Total time: 8-16 hours
- Instructor Training includes a blended combination of online training, live skills practice, skill evaluation, practice teaching and skill assessment. The time for the online portion is dependent on the level of certification desired and individual student needs.

#### Instructor Bridge for Current Certified Instructors:

- Current certified Instructors with a recognized organization must complete a self guided review of the ProTrainings certification courses, and submit a current recognized equivalent CPR/FirstAid instructor certification to be bridged as a ProTrainings, LLC Instructor.

#### Certificate Awarded:

There are four levels of ProTrainings, LLC certified Instructors:

- Healthcare Provider Instructor | Can issue certificates for Healthcare Provider and Layrescuer level CPR/AED, First Aid, and all Bloodborne Pathogens courses. Can also do skill evaluations for blended ProACLS and ProPALS.
- Layrescuer Adult, Child and Infant Instructor | Can issue certificates for Layrescuer level CPR/AED, First Aid and all Bloodborne Pathogens courses
- Layrescuer Adult Instructor | Can issue certificates for Layrescuer level adult only CPR/AED, First Aid and all Bloodborne Pathogens courses
- ProBloodborne Instructor | Can issue certificates for all Bloodborne Pathogens courses

Each instructor certificate is valid for 2 years. Instructors must complete a minimum of 2 classes or skill evaluations before their expiration date and complete all updates as required in order to renew the certification. Also one can submit a current equivalent instructor certification from another recognized organization for Instructor certificate renewal.

## ProTrainings Instructor Course Delivery Options

**Blended Course:** An individual completes cognitive training and testing online by watching video segments, completing activities, and passing a written test. A hands-on skills session for skills practice and evaluation by a certified ProTrainings, LLC

Instructor or Skill Evaluator is required to complete the certification process.

**Classroom:** The class is led by a certified ProTrainings, LLC Instructor. The instructor uses the video segments for the course to conduct the training. The instructor is then responsible to lead the students in skills practice, provide a skills evaluation and administer a written test.

**100% Online:** The online certification is for awareness-level cognitive training.

Individuals must check with their administration or licensing body to determine if the online awareness level certification will meet their licensure or organizational requirements.

CERTIFICATION	FORMAT		
	Blended	Classroom	100% Online
Website address for all courses: www.protrainings.com	Online training and testing with hands-on skill practice and skill evaluation	Training, written test, and hands-on skill practice and skill evaluation in classroom	Online Training & Testing
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid   2 year certification	Skill practice and evaluation Length: 55 min	Length: 5 Hours	Student Paced
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED   2 year certification	Skill practice and evaluation Length: 45 min	Length: 8 Hours	Student Paced
Adult, Child and Infant, Pediatric CPR/AED & First Aid   2 year certification	Skill practice and evaluation Length: 40 min	Length: 6.5 Hours	Student Paced
Adult, Child and Infant CPR/AED   2 year certification	Skill practice and evaluation Length: 30 min	Length: 3.5 Hours	Student Paced
Adult CPR/AED & First Aid   2 year certification	Skill practice and evaluation Length: 30 min	Length: 4 Hours	Student Paced
Adult CPR/AED   2 year certification	Skill practice and evaluation Length: 15 min	Length: 2 Hours	Student Paced
First Aid Only   2 year certification	Skill practice and evaluation Length: 10 min	Length: 3 Hours	Student Paced
ProACLS   2 year certification	Skill practice and evaluation Length: 60 min	XX	Student Paced
ProPALS   2 year certification	Skill practice and evaluation Length: 60 min	XX	Student Paced
Healthcare Bloodborne Pathogens OSHA 29 CFR 1910.1030 & Infection Control   1 year certification		Length: 1.5 Hours	Student Paced
Bloodborne for Body Art OSHA 29 CFR 1910.1030 & Infection Control   1 year certification		Length: 3.5 Hours	Student Paced
California Compliant Bloodborne for Body Art OSHA 29 CFR 1910.1030 & Infection Control for CA body artists   1 year certification		Length: 3.5 Hours	Student Paced
Bloodborne for the Workplace OSHA 29 CFR 1910.1030 & Infection Control   1 year certification		Length: 1 Hour	Student Paced

## INSTRUCTOR COURSE CONTENT

### ProBloodborne Instructor

#### Skills and knowledge include:

- What are Bloodborne Pathogens
- How Bloodborne Pathogens are spread
- HIV and AIDS
- Hepatitis B Virus and Vaccine
- Hepatitis C Virus
- Reducing Risk
- Work Practice Controls
- Hazardous Disposal Procedures
- Body Fluid Cleanup Procedures
- Glove Removal and Disposal
- Hand Hygiene
- Clean Technique Tattoos
- Safe Injection Practices
- Skin Diseases
- Healthcare Professionals
- Exposure Incident

## PROTRAININGS SKILL EVALUATOR CERTIFICATION FACTS

### Description:

The ProTrainings, LLC Skill Evaluator training is designed to prepare individuals to conduct hands-on skill evaluations for students who complete the blended course online for ProTrainings courses.

### Purpose:

ProTrainings, LLC skill evaluator certification provides individuals with the skills, tools, and knowledge to successfully evaluate student's CPR and First Aid skills. Upon successful completion, Evaluators can mark students passed according to their level of training.

### Course Design:

#### Prerequisite:

- Must have a current ProTrainings, LLC student/provider level certificate or equivalent that is equal to the skill level of desired skill evaluator certificate.

#### Instructor Training:

- Total time: 4-12 hours
- Includes a blended combination of online training, live skills demonstration, practice teaching and skill assessment. The time for the online portion is dependent on the level of certification desired and individual student needs.

#### Skill Evaluator Bridge for Currently Certified Instructors:

- Instructors must submit a current equivalent CPR/FirstAid instructor certification from a recognized organization, and complete the instructor/skill evaluator application to be bridged as a ProTrainings, LLC Skill Evaluator. A hands-on skill evaluation may also be required.

#### Certificate Awarded:

There are three levels of ProTrainings, LLC certified Skill Evaluators:

- Healthcare Provider Skill Evaluator – Can evaluate skills for all healthcare provider, ProACLS, ProPALS and layrescuer courses.
- Layrescuer Adult, Child and Infant Skill Evaluator – Can evaluate skills for all layrescuer courses
- Layrescuer Adult Skill Evaluator – Can evaluate skills for layrescuer adult courses.

Each skill evaluator certificate is valid for 2 years. Skill Evaluators must complete a minimum of 2 skill evaluations before their expiration date and complete all updates as required in order to renew the certification. Also one can submit a current equivalent instructor certification from another recognized organization for skill evaluator certificate renewal.

## Instructor/Evaluator Skill Verification

Checklist for instructor trainers to verify skills and completion requirements of new Instructors and Skill Evaluators



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New Instructor/Evaluator's Printed Name: \_\_\_\_\_

Verifying Instructor Trainer: \_\_\_\_\_

Training Date: \_\_\_\_\_

Signature

Registry #

mm dd yyyy

**I verify that the student has successfully completed the skills, tasks and certifications that are checked:**

### Healthcare Provider Required Skill Scenarios

Adult CPR	
AED	
Adult Conscious Choking	
Adult Unconscious Choking	
Adult Rescue Breathing	
Adult 2 rescuer CPR with Bag Valve Mask	
Infant CPR	
Infant Conscious Choking	
Infant Unconscious Choking	
Infant 2 rescuer CPR with Bag Valve Mask	
Bleeding Control	

### INDIVIDUAL SKILLS | Assessed while performed during skill scenarios

Assessing the scene for safety	
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask • Bag Valve Mask	
Assessing patient responsiveness	
Checking for a pulse: Adult and Child   Carotid Artery Infant   Brachial Artery	
Giving Compressions: Adult   2 hands on the center of the chest between the nipples Child   1 or 2 hands on the center of the chest between the nipples. Infant   Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. 2 Rescuer Infant   2 thumbs hands encircling chest technique	
Open Airway using a head tilt chin lift	
Giving rescue breaths: Adult and Child   Covering mouth Infant   Covering mouth and nose	
Removing a foreign object	
Direct pressure to control bleeding	

### Layrescuer

(For adult only certification, check only adult skills)

### Required Skill Scenarios

Adult CPR	
AED	
Adult Conscious Choking	
Adult Unconscious Choking	
Infant CPR	
Infant Conscious Choking	
Infant Unconscious Choking	
Bleeding Control	

### INDIVIDUAL SKILLS | Assessed while performed during skill scenarios

Assessing the scene for safety	
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask	
Assessing patient responsiveness	
Giving Compressions: Adult   2 hands on the center of the chest between the nipples Child   1 or 2 hands on the center of the chest between the nipples. Infant   Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.	
Open Airway using a head tilt chin lift	
Giving rescue breaths: Adult and Child   Covering mouth Infant   Covering mouth and nose	
Removing a foreign object	
Direct pressure to control bleeding	

### FOR ALL CERTS:

Has Current Provider Certificate	
Completed Registration	
Completed Online Training	

### INSTRUCTOR CERTIFICATION:

Healthcare Provider	
Layrescuer Adult, Child and Infant	
Layrescuer Adult	
ProBloodborne	

### FOR INSTRUCTOR CERTS ONLY:

Has Instructor Manual & Videos	
Completed practice teaching	

### EVALUATOR CERTIFICATION:

Healthcare Provider	
Layrescuer Adult, Child and Infant	
Layrescuer Adult	

### ProBloodborne Required Topics

What are Bloodborne Pathogens?	
How Bloodborne Pathogens are spread	
HIV and AIDS	
Hepatitis B Virus and Vaccine	
Hepatitis C Virus	
Reducing Risk	
Work Practice Controls	
Hazardous Disposal Procedures	
Body Fluid Cleanup Procedures	
Glove Removal and Disposal	
Hand Hygiene	
Exposure Incident	
Skin Diseases	
Clean Technique Tattoos	
Healthcare Professionals	
Safe Injection Practices	





## INSTRUCTOR/SKILL EVALUATOR: OBJECTIVES, NEEDS, PHILOSOPHY

### I. Instructor/Skill Evaluator Objectives

- Effectively conduct CPR and First Aid classes/evaluations
- Fairly and accurately evaluate CPR and First Aid candidates through use of scenarios.
- Diagnose and correct faulty CPR and First Aid performance.
- Perform proper manikin maintenance, cleaning, and decontamination techniques.
- Record participants' progress.

### II. Instructor/Skill Evaluator Equipment Needs

- A minimum of 1 adult and 1 infant manikin (for healthcare provider and pediatric courses) for every 3 participants: Adult and infant manikins must have a visible chest rise when breaths are given . (Adult manikins can be used for child skills).
- A minimum of 1 AED Trainer for every 3 participants.
- Adult and Infant Bag Valve Masks (Only for healthcare provider courses)
- Proper cleaning products for decontamination (refer to manikin decontamination Appendix B).
- Disposable practice face shields or individual lung system for each participant.

### III. Facilities and Safety

- A clean, well lit area with adequate room to perform skills on manikins.
- This space could be an auditorium, library, all purpose room, office space or something similar.
- Bathrooms should be available, clean and accessible for students.
- Students should have water provided or a water fountain accessible.
- Any caution areas should be clearly labeled with signs.
- A first aid kit should be accessible or brought to the facility for all classes.
- Arrange spaces in keeping with the educational programs goals.
- Never compromise the safety of the participant or the instructor.

### IV. Philosophy of Online Learning Blended with Hands-On Practice

- Hands-on practice with a manikin will NOT ensure that a participant has mastered each skill that will directly translate to performance on a human being. The innumerable variations of stress, patient size, location, and real life needs of humans cannot be replicated on one manikin in one class. Therefore, hands-on practice simply allows participants the opportunity to become comfortable with the basic techniques used to perform skills. Just because a participant can perform the skills perfectly in class one day does not ensure that the participant will be able to perform the skills needed

for a real person. The primary benefit of hands-on practice is that a participant's comfort level will be higher when a real situation arises.

- More important than hands on practice of BLS skills is the knowledge of when, how, and why. Regular review and practicing scenarios will better prepare a participant to perform skills in real-life. The goal of blending online learning with skill evaluation is for each participant to become successful with critical thinking in an emergency so one can exercise the basic skills necessary to adequately provide care. With this in mind, skill verification is not about testing people and focusing on small differences in techniques. Skill verification is about allowing people to practice until they feel comfortable with the skills so they will know when to initiate specific skills, *how* to perform each skill, and *why* to use different skills.

## HOW TO CONDUCT SKILL PRACTICE AND EVALUATION

- Participants should be given time and assistance to practice skills with manikins. The Instructor should answer individual questions regarding manikin practice and help as needed during this time. If questions arise regarding course material, participants should conduct further review of course content, with instructor, online or contact the ProTrainings training department.
- For skill sessions, the instructor should use the skill practice sheets to prompt the participant and watch the skill practice through various scenarios. (Refer to Scenario Skill Practice Sheets at the end of each course). A participant who does not effectively perform an action should receive immediate feedback with the correction so the proper action can be practiced in the correct manner.
- Positive coaching and gentle correction is the key to successful evaluation. Never put-down or criticize a participant. For example, rather than say, "You did that wrong!" say, "This is a more effective way to perform the skill."

### Method I: One-on-One

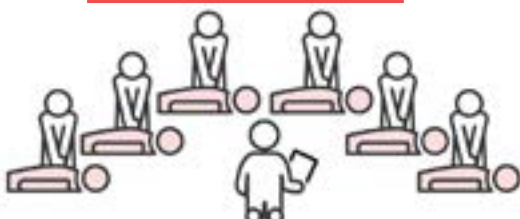
- This method is primarily for blended courses. It is best where an evaluator has flexibility in scheduling and can plan to spend about 15-60 minutes with each participant dependent upon the certification level. Benefits of this structure allow students to receive the most attention and most practice for their certification. The instructor prompts the participant through the scenarios with the skill practice sheets and evaluates the skills. Instructor/Evaluator uses skill evaluation checklist to record student progress.



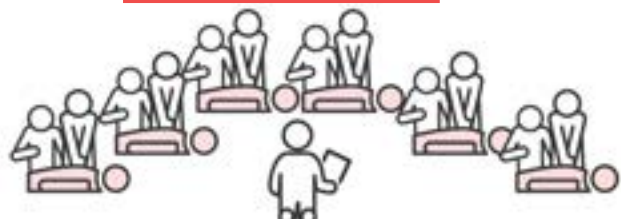
### Method II: Group

- This method is the typical classroom method. It is suggested for groups up to 12. If more than twelve participants are involved it is suggested to have another instructor or evaluator for every 12 participants. More time will need to be built into the class when more students are taught because of increased interaction and manikin sharing.
- Have the participants gather in a semicircle around the evaluator with the manikins facing the same direction. This provides for great visibility for the evaluator and for participants to learn from the correction of others. Make sure the evaluator can see the actions of the participants in order to adequately evaluate skills.
- The evaluator prompts the participant through the scenarios with the skill practice sheets and evaluates the skills. Instructor/Evaluator uses skill evaluation checklist to record student progress.

1 to 1 manikin to student ratio



1 to 2 manikin to student ratio



## Common Errors and Suggested Corrections

COMMON PARTICIPANT ERRORS	SUGGESTED EVALUATOR CORRECTIONS
<b>Beginning:</b> <ul style="list-style-type: none"> <li>• Neglects to check for safe environment</li> <li>• Doesn't apply gloves and prepare face shield</li> </ul>	<p>"Make sure to check the scene for safety and protect yourself. Think of your own safety first in any rescue situation. It does no good to have two patients."</p>
<b>Checking for responsiveness:</b> <ul style="list-style-type: none"> <li>• Vigorously shakes patient</li> <li>• Doesn't touch patient</li> </ul>	<p>"Remember to tap on the collar bone area and shout. Be careful not to move the patient excessively in case a spinal injury is present."</p>
<b>Forgets to activate EMS (call 911)</b>	<p>"Send someone to call 911 and get an AED if available. Make sure to tell them to come back and let you know that 911 has been called"</p>
<b>Circulation:</b> <ul style="list-style-type: none"> <li>• Fingers are on the wrong location for carotid pulse</li> <li>• Thumb is used to check pulse.</li> <li>• Checks infant pulse on the neck</li> </ul>	<p>"To properly find a pulse your fingers should be placed on the middle of the neck or adam's apple. Slide over to just inside the large muscle on the side of the neck and gently push in. You should feel a pulse in the valley area."</p> <p>"Remember to check an infant's pulse on the brachial artery. You should place your fingers on the upper inside arm and press in slightly to feel the pulse."</p>
<b>Airway:</b> <ul style="list-style-type: none"> <li>• Does not open airway before giving breaths</li> <li>• Does not tilt head back far enough</li> </ul>	<p>"Opening the airway first is one of the most important steps to CPR. The tongue can block the airway. Simply doing a head tilt chin lift will remove the tongue from the airway."</p>
<b>Breathing:</b> <ul style="list-style-type: none"> <li>• Breaths do not make chest rise</li> </ul>	<p>"Try giving some more air so the chest will rise."</p>
<b>Compressions:</b> <ul style="list-style-type: none"> <li>• Jab like compressions</li> <li>• Hands bounce off chest</li> <li>• Compressions too slow</li> <li>• Compressions too fast</li> </ul>	<p>"Smooth even compressions will be most effective. Make sure to kneel close to the patient, lock your elbows, and pivot at the waste allowing your body to do the work, not just your arms."</p> <p>"Keep the compressions moving at rate of 100-120 per minute. That's close to 2 each second. Count 1 and 2 and 3 and... You should have just enough time to say 'and' in-between each one."</p>
<b>Incorrect numbers or sequences</b>	<p>"It is most important to focus on giving adequate breaths and good compressions. However, the correct number and sequence is _____."</p>
<b>Conscious choking (FBAO removal):</b> <ul style="list-style-type: none"> <li>• Does not put one foot in-between patient's feet</li> <li>• Does not locate correct hand position for thrusts</li> </ul>	<p>"Stand behind the patient with one of your feet in-between the patient's feet, and your other foot behind you. This will give you a solid stance in case the patient becomes unconscious. The thumb side of the closed fist should be located just above the belly button."</p>
<b>Unconscious choking (FBAO removal)</b> <ul style="list-style-type: none"> <li>• Does not reposition the head when a breath attempt does not make the chest rise</li> <li>• Forgets to check mouth after compressions before attempting breaths.</li> </ul>	<p>"Think simple first. If the first breath attempt does not make the chest rise, retilt the head and try again."</p> <p>"Compressions for choking are the same as CPR with an added step. Remember to check the mouth for a foreign object. If you see one, clear it out."</p>

# **BLOODBORNE PATHOGENS**

- **Healthcare Bloodborne Pathogens**
- **Bloodborne for the Workplace**
- **Bloodborne for Body Art**
- **CA Compliant Bloodborne for Body Art**

# BLOODBORNE PATHOGENS COURSE FACTS

OSHA Standard 29 CFR 1910.1030 and Infection Control

## Description:

ProTrainings Offers 4 certifications in Bloodborne Pathogens Training:

- **Healthcare Bloodborne Pathogens** (For healthcare providers – 1.5 hours)
- **Bloodborne for the Workplace** (For general workplace – 1 hour)
- **Bloodborne for Body Art** (For body art professionals – 3.5 hours)
- **CA Compliant Bloodborne for Body Art** (For CA body art professionals – 3.5 hours)

Bloodborne Pathogens training includes the following topics:

- Basic Terms related to Bloodborne Pathogens
- How bloodborne pathogens and infectious disease are spread
- Healthcare Professional's responsibilities to avoid spreading BBP and infectious disease
- HIV and AIDS, including symptoms and prevention
- Hepatitis B, including symptoms, prevention, and vaccine
- Hepatitis C, including symptoms and prevention
- Skin diseases and disorders
- How to reduce risks of exposure including appropriate engineering controls, work practices, personal protective equipment, and safe injection practices.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- Exposure control plans
- Proper cleanup and decontamination procedures
- Procedure to follow if an exposure incident occurs
- An explanation of the signs and labels required for hazardous disposal
- An opportunity for interactive questions and answers is available with the training organization via email, chat, and phone support.

Each course is intended for people who need OSHA compliant Bloodborne Pathogens and infection control training, according to OSHA 29 CFR 1910.1030 standard, as part of their job requirement because they may face occupational exposure to Bloodborne Pathogens and infectious disease.

## Course Design:

Traditional Classroom:

- **Healthcare Bloodborne Pathogens** (For healthcare providers – 1.5 hours)
- **Bloodborne for the Workplace** (For general workplace – 1 hour)
- **Bloodborne for Body Art** (For body art professionals – 3.5 hours)
- **CA Compliant Bloodborne for Body Art** (For CA body art professionals – 3.5 hours)

After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

Online: [www.probloodborne.com](http://www.probloodborne.com)

All cognitive learning and testing is to be completed online at the participant's own pace. After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

# Healthcare Bloodborne Pathogens Course and Bloodborne for the Workplace Course



When you see the camera symbol it is time to show the video.



When you see the teacher symbol it is time to teach key points..  
Make sure to state the key points to the students in each section.  
The key points are the most important things the students need to know after each activity.

**Skip “Hospital Associated Infections” and “Safe Injection Practices” when teaching “Bloodborne for the Workplace.”**

Videos for the course are available on your instructor dashboard in the instructor documents area.



## Key Points:

- The goal of the bloodborne pathogens course is to help the student gain the knowledge and skills necessary to prevent the transmission of bloodborne pathogens.
- The course will combine short video segments and discussion. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions.)



**Show video: Introduction to Bloodborne Pathogens**



## Key Points:

**Bloodborne Pathogens** are microorganisms (such as viruses) that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

**Infectious Disease** is a disease that enters into the body through various routes, that is caused by microorganisms such as a bacteria, fungus, or virus. Infectious diseases can range from mild to life-threatening.



Show video: How Bloodborne Pathogens Spread

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## Key Points:

### The Chain of Infection

For disease to be spread, it requires that all of the following conditions be present:

- An adequate number of pathogens, or disease-causing organisms.
- A reservoir or source that allows the pathogen to survive and multiply (e.g., blood).
- A mode of transmission from the source to the host.
- An entrance through which the pathogen may enter the host.
- A susceptible host (i.e., one who is not immune).

Effective infection control strategies prevent disease transmission by interrupting one or more links in the chain of infection.

**The primary source of potential infection is blood and bodily fluids, especially those visibly contaminated with blood**

- |                               |  |
|-------------------------------|--|
| • cerebrospinal fluid (Brain) | • semen                                  |
| • synovial fluid (Joints)     | • vaginal secretions                     |
| • pleural fluid (Lungs)       | • blood                                  |
| • amniotic fluid (Uterus)     | • any body fluid contaminated with blood |
| • pericardial fluid (Heart)   | • body fluids that cannot be recognized  |
| • peritoneal fluid (Abdomen)  |  |

### Modes of Transmission

- **Direct contact** – occurs when microorganisms are transferred from one infected person directly to another person. For example, infected blood from one person enters a caregiver's body through an open cut.
- **Indirect contact** – involves the transfer of an infectious agent through a contaminated object or person. For example, a caregiver doesn't wash hands in-between caring for someone with infected body fluids and other patients. For Example, Parenteral contact with a needle stick.
- **Airborne transmission** – occurs when droplets or small particles contain infectious agents that remain effective over time and distance in the air. Tuberculosis is a common disease spread this way. Bloodborne pathogens are not typically spread this way.



- Sexual contact is the primary mode of transmission for Bloodborne Pathogens, however the risk of exposure does exist while providing medical or first aid care
- The highest potential risk while providing care exists when a contaminated sharp object cuts or punctures the skin. (Parenteral examples: needle stick, illegal drug usage, cut from broken glass, bite)
- A medium potential risk exists when an infected body fluid gets into an open cut or mucous membrane (inside eyes, mouth, ears or nose)
- The lowest potential risk is when a contaminated object touches inflamed skin, acne, or skin abrasion.

**Unlike some infectious diseases, Bloodborne Pathogens are NOT spread by:**

- **Intact skin** – is created as our first defense against disease. The CDC states that there is no known risk from exposure to intact skin.
- **Casual contact** – such as handshakes and hugging



Show video: HIV and Aids

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### Key Points:

#### HIV

Attacks the body's ability to protect itself against disease (autoimmune system) and may cause AIDS (Acquired Immune Deficiency Syndrome) Effective infection control strategies prevent disease transmission by interrupting one or more links in the chain of infection.

- Approximately 1.2 million people in the US are living with HIV/AIDS. Approximately 30,600 people become infected with HIV each year. About 18,500 people every year in the USA die from AIDS.
- Symptoms may or may not be present. You may be infected for years and not know it. Only a blood test can determine the infection, not symptoms:
  - Fever
  - Weight loss
  - Fatigue
  - Rash
- The HIV virus is fragile and may die within seconds outside the body. The amount of HIV present in the body fluid and the conditions will determine how long the virus lives.
- HIV is primarily spread by sexual contact with an infected person or by sharing needles and/or syringes (primarily for drug injection). Babies may become infected before/during birth or through breast-feeding.
- HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...
- There is no vaccination



Show video: Hepatitis B

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## Key Points:

### Hepatitis B Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- Over 2.4 million people in the US have chronic HBV. About 38,000 people/year become infected with HBV. Each year, about 3,000 people die as a result of liver disease caused by HBV. Infections have decreased since 1990 because of the HBV vaccine.
- Symptoms may or may not be present. The older, the more apt to have symptoms. Only a blood test can determine the infection. Symptoms may include:
  - yellow skin (jaundice)
  - loss of appetite, nausea
  - yellowing eyes
  - joint and muscle pain
  - fatigue
  - abdominal discomfort
- Up to 100 times easier to catch than HIV. HBV can live outside of body for at least 7 days and longer.
- 90% adults who contract hepatitis B clear the virus from their systems within a few months and develop immunity. About 10% become chronic – the virus stays in the blood, infecting liver cells damaging them over time.
- If exposed to the virus, infants and young children are most at risk from chronic infections, complications, and death. Further, in most children, the virus is a silent killer. It destroys the liver or induces liver cancer often over a period of 20 years or more.
- HBV is primarily spread by sexual contact with an infected person, sharing needles and/or syringes (primarily for drug injection), from an infected mother to her baby during birth, or sharps exposures on the job.
- However, still like HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...

### HBV Vaccine – usually given in 3 doses

- Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause H.B.V. infection.
- Hepatitis B vaccines are among the safest vaccines we have. In studies, severe adverse events were not detected and local reactions were no greater in persons receiving hepatitis B vaccine than persons who received a placebo or another vaccine.
- Booster doses of hepatitis B vaccine are not recommended. Immune memory remains indefinitely following immunization.

- It is wise to have Immunity confirmed through antibody testing 1-2 months after the vaccine.
- HBV vaccine is 80 to 95% effective in providing protection from Hepatitis B when the complete series of three doses of vaccine are administered.
- The HBV vaccine must be offered free to employees who face occupational exposure to bloodborne pathogens. Employees who do not want the vaccine must complete a vaccine declination form.
- Occupationally exposed employees include those who:
  - Administer first aid
  - Provide medical aid to students
  - Assist in bathroom care
  - Work in medical or dental offices
  - Perform custodial duties involving the cleaning and decontamination of surfaces that may be contaminated with blood and or other potentially infectious materials (OPIM).
  - Handle Regulated medical waste



Show video: Hepatitis C

---



## Key Points:

### Hepatitis C Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- In 2018, an estimated 50,300 new HCV infections occurred in the United States. Between 2010 and 2018, the reported number of acute HCV infections quadrupled. Globally, hepatitis C is a common blood-borne infection with an estimated 71 million people chronically infected according to the World Health Organization.
- High rates of new infections were predominantly among young adults aged 20-29 years and aged 30-39 years.
- WHO estimated that in 2019, approximately 290 000 people died from hepatitis C, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer).
- About 80% of exposed people develop a chronic infection. 20% are able to clear the virus by naturally building immunity.
- Symptoms are not a reliable way to detect HCV. A blood test is needed. Symptoms may look the same as HBV.
- Unlike HIV or HBV, HCV is spread primarily through parenteral contact:
  - Illegal injection drug use
  - Transfusion or transplant from infected donor
  - Tattoos
- Occupational exposure to blood mostly through needle sticks
- It is also spread through:
  - Birth to HCV-infected mother
  - Multiple sex partners
- There are medications that can potentially cure HCV, but there is no vaccination.



Show video: Skin Diseases and Disorders

---



### Key Points:

#### Skin Diseases, Disorders, and Conditions

Persons with boils, infected wounds, open sores, abrasions, or weeping dermatological lesions should avoid working where there is a likelihood they could contaminate healthcare supplies, body art equipment, or working surfaces. Worker's skin should be free of rash or infection. Healthcare workers, tattoo artists, and caregivers should cover any sores with bandages to avoid the potential spread of disease.

- **Skin Anatomy** – skin is the largest organ of the body. Contains blood vessels, sensory receptors, nerves, and sweat glands. It is made up of the Epidermis and the dermis. Varies in thickness from 1.5 to 4 mm or more. Skin is the first line of defense against infection.
  - **Epidermis** – The thick outer layer of tissue
  - **Dermis** – Strong, flexible second layer of connective tissue. The dermis is filled with blood vessels. Unclean tattooing or body art is a high risk activity for bloodborne pathogens because it involves multiple punctures of the skin to instill pigment into the dermis.
  - **Hypodermis** – Just below the skin, it is the fatty layer, also called the subcutaneous layer.

#### Commonly spread skin diseases:

##### Bacteria:

**MRSA** – (methicillin-resistant *Staphylococcus aureus*) infection can look like an ordinary skin wound, boil, or infected sore. People contract MRSA by touching infected mucous membranes, skin, or contaminated objects.

##### Virus:

**Herpes Simplex** – Generally found on the face, scalp, arms, neck and upper chest. Small round blisters when broken can secrete a clear or yellowish fluid. People contract herpes by touching infected saliva, mucous membranes, or skin.

##### Fungus:

**Athlete's Foot, Jock Itch, and Ringworm** – Causes red, patchy, flaky, itchy areas. It is contagious and is easily spread from one person to another. Spreads when infected area on another person or contaminated surfaces (showers) are touched. Affected areas need to be kept clean and dry.

Some people with the following conditions are more prone to skin disorders. Healing may be adversely affected by receiving tattoos or body art:

- |  |  |
|--|--|
| • History of Hepatitis B or Hepatitis C    | • History of hemophilia or any other blood disorder/disease                |
| • HIV/AIDS                                 | • History of allergies or adverse reactions to pigments, dyes, latex, etc. |
| • Diabetes                                 | • Immune disorders   |
| • History of skin diseases or skin lesions |  |



Show video: How to Reduce Your Risk

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### Key Points:

#### Standard Precautions

- Follow all training, legal requirements, policies and procedures related to infection control at your facility.

#### Example Work Practice Controls

- Do not eat, drink, smoke, apply cosmetics or handle contact lenses in areas where there is the possibility of exposure to BBP.
- When emptying trash containers, do not use your hands to compress the trash in the bag. Lift and carry the trash bag away from your body.

#### Use Personal Protective Equipment – (PPE must be provided by your employer)

- Gloves– use when the potential exists of touching blood, body fluids, or contaminated items.
- CPR Shields and Eye Protection– use when patient care is likely to generate splashes or secretions of blood/body fluids.
- Gowns– use when the potential exists of contact with blood/body fluids on clothing or exposed skin.
- Masks and Respirators– Use to protect from potential airborne infectious diseases.
- Know where PPE is at your workplace.
- Know what PPE is available and how to use it.
- Make sure first-aid kits and emergency supplies include disposable gloves and CPR face shields or rescue masks.
- If laundering items rather than disposing, follow your facility's procedures for handling laundry.

#### General Laundry procedures:

- Wear PPE.
- Keep contaminated laundry separate from other laundry.
- Bag potentially contaminated laundry where it is used.
- Use leak-proof bags for wet laundry.
- Transport in properly labeled bags controlling exposures.



Show video: Work Practice Controls

---



### Key Points:

#### Work Practice, Engineering and Administrative Controls

- Treat all body fluids from every person as potentially infectious
- Follow the recommendations in the employer's Bloodborne Pathogens Exposure Control Plan

#### Bloodborne Pathogens Exposure Control Plan

Elements that must be included:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
- Universal precautions
- Engineering and work practice controls
- Personal protective equipment
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements

#### Controlling exposures

The fundamental method of protecting workers is controlling hazards.

**Hierarchy of controls:** The control methods at the top of the list have a higher potential to be more effective than those at the bottom:

- Elimination – get rid of the hazard
- Substitution – replace hazard with a safer method
- Engineering controls – use devices such as self sheathing needles and sharps containers to block or eliminate risk
- Work Practice and Administrative controls – follow policies and procedures to eliminate risk
- Personal protective equipment



Show video: Regulated Waste

---



### Key Points:

#### Hazardous Disposal

- **Definition:** Liquid or semi-liquid blood or other potentially infectious materials (OPIM). Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Dispose of in a properly labeled biohazard container: either a red bag or container labeled in orange or orange-red with the Bio-Hazard symbol.
- Properly labeled and bundled waste needs to be handled according to your facility's disposal procedures. Do not dispose in normal trash.



Show video: Body Fluid Cleanup

---



### Key Points:

#### Cleanup Procedures

- Use a solution of 1 part household bleach added to 9 parts water.
- Other commercial disinfectants registered with the EPA as effective against HIV/ HBV may be used. Check the label.
- Use Personal Protective Equipment.
- If a Body Fluid Spill Kit is available, use according to manufacture's directions
  1. First, put on Personal Protective Equipment
  2. Remove visible material with absorbent towels
  3. If any sharp object or broken glass is visible, remove with tongs or dust pan and place in a ridged sealable container. Never use bare hands.
  4. Spray disinfectant liberally on contaminated area and let stand for up to 10 minutes
  5. Once the area has been disinfected, dry area with absorbent towels and dispose of towels in trash



### Show video: Glove Removal

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#### Key Points:

##### Glove Removal

- Remember, only skin touches skin and glove touches glove
  - Grip one glove near the cuff and peel it down until it comes off inside out. Cup it in the palm of your gloved hand
  - Place two fingers of your bare hand inside the cuff of the remaining glove
  - Peel that glove down so that it also comes off inside out over the first glove.
  - Properly dispose of the gloves.
  - After removing gloves, hands need to be washed prior to donning a clean set of gloves.
- 



### Show video: Hand Washing

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#### Key Points:

##### Hand Hygiene

- Hand Hygiene is the most important infection control technique.
- Disinfect your hands whenever they are visibly dirty or contaminated and...

##### Before:

- having contact with patients
- putting on gloves
- inserting any invasive device
- manipulating an invasive device

##### After:

- having contact with a patient's skin
- having contact with bodily fluids or excretions, non-intact skin, wound dressings, contaminated items
- having contact with inanimate objects near a patient
- removing gloves

#### How to Practice Proper Hand Hygiene:

Alcohol-Based Hand Rubs (foam and gel) kill germs effectively and can be used instead of soap and water if your protocols allow. They are also less damaging to the skin. Soap and water is always needed if hands are visibly dirty.

- Apply to palm of one hand (the amount used depends on specific hand rub product).
- Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

##### Soap and Water

- Wet hands with water.
- Apply soap.
- Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
- Rinse under running water and dry with disposable towel.
- Use the towel to turn off the faucet
- Removing gloves







Show video:  
Hospital Associated Infections

SKIP THIS VIDEO WHEN TEACHING THE  
BLOODBORNE FOR WORKPLACE COURSE.



## Key Points:

### Hospital Associated Infections

- To avoid the spread of bloodborne pathogens and infectious diseases, healthcare professionals have an ethical and professional responsibility to adhere to scientifically accepted or evidence based practices and principles of infection control and to monitor the performance of those for whom the professional is responsible.
- Multiple organizations publish best practices for infection control. Some states, such as New York, include a legal responsibility to adhere to infection control practices.
- Nosocomial infections are those that originate or occur in a hospital or hospital-like setting. In American hospitals alone, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year.
- Some of the common nosocomial infections are urinary tract infections, respiratory pneumonia, surgical site wound infections, bacteremia, gastrointestinal and skin infections.
- According to the CDC, the most common pathogens that cause nosocomial infections are *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *E. coli*.
  - **MRSA – methicillin-resistant *Staphylococcus aureus*** – It is a strain of staph that's resistant to the broad-spectrum antibiotics commonly used to treat it. MRSA can be fatal.
  - ***Pseudomonas aeruginosa*** – pathogens that are highly resistant to antibiotics. Because antibiotics are usually non-effective, it can lead to more serious infections: septicemia, urinary tract infections, pneumonia, chronic lung infections, endocarditis, dermatitis, and osteochondritis.
  - ***E. Coli*** – typically causes severe stomach cramps, diarrhea (often bloody), and vomiting. Some *E. coli* strains can be life threatening.



Show video:  
Safe Injection Practices

SKIP THIS VIDEO WHEN TEACHING THE  
BLOODBORNE FOR WORKPLACE COURSE.



## Key Points:

### Safe Injection Practices

- The Needlestick Prevention Act requires appropriate, commercially available, and effective safer medical devices designed to eliminate or minimize occupational exposure
- Needles and other sharps must be discarded in rigid, leak-proof, puncture resistance containers
- Do not bend, shear, break or recap needles. If you must recap, use one-handed method.
- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
- Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Infection control practices for special lumbar puncture procedures: Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.)



Show video: Exposure Incident and Reporting



### Key Points:

#### Exposure Incident and Reporting

- An exposure incident is defined as a specific mucous membrane, broken skin, or puncture contact with blood or OPIM that results from the performance of an employee's duties.
- If you think you've been exposed, decontaminate, report to supervisor, and seek medical treatment. An immediate confidential post exposure medical evaluation, prophylactic treatment, and follow-up needs to be conducted by a physician.
- Complete forms as soon as possible after incident. Don't delay medical treatment to fill out paperwork.

#### Complete an Exposure Incident Report including the following:

- A description of how the exposure occurred
- Time, date, and place
- All people involved including source individual, exposed person(s), and first aid providers
- Forms and continued follow-up action will proceed according to employer's policies and procedures.

### Administer Written Test

Located at the end of the instructor activities section

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

#### After-course responsibilities:

- Instructor completes online classroom records through instructor dashboard so students will receive certification cards.

### References:

Centers for Disease Control and Prevention. Estimates of Healthcare-Associated Infections. <http://www.cdc.gov/hai/>. 2020

Centers for Disease Control and Prevention. Injection Safety Information for Providers. <https://www.cdc.gov/injectionsafety/index.html>

Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Healthcare Settings - 2020. <http://www.cdc.gov/handhygiene/>

Centers for Disease Control and Prevention. NIOSH safety and health topic: Body Art. [http://www.cdc.gov/niosh/topics/body\\_art/default.html](http://www.cdc.gov/niosh/topics/body_art/default.html)



## Special Notes:

### Sample HBV Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

### New York State Infection Control Outline

#### Element I

The Professional's responsibility to adhere to scientifically accepted principles and practices of infection control and to monitor the performance of those for who the professional is responsible.

- Covered under topic "How Are Bloodborne Pathogens and Infectious Disease are Spread", Subheading Healthcare Professionals

#### Element II

The modes and mechanisms of transmission of pathogenic organisms in the healthcare setting and strategies for prevention and control.

- Covered under topic "Definition"
- Covered under topic "How Are Bloodborne Pathogens and Infectious Disease are Spread"
- Covered under topic "HIV, HBV, HCV, and Other Concerns"

#### Element III

The use of engineering and work practice controls to reduce the opportunity for patient and healthcare worker contact with potentially infectious material

- Covered under topic "How to Reduce Your Risk"

#### Element IV

Selection and use of barriers and/or personal protective equipment for preventing patient and healthcare worker contact with potentially infectious material.

- Covered under topic "How to Reduce Your Risk" Subheading Use Personal Protective Equipment

#### Element V

The creation and maintenance of a safe environment for patient care through application of infection control principles and practices for cleaning, disinfection, and sterilization.

- Covered under topic "How to Reduce Your Risk"
- Covered under topic "Hazardous Disposal"
- Covered under topic "Cleanup Procedures"

#### Element VI

The prevention and management of infectious or communicable disease in healthcare workers.

- Covered under topic "How Are Bloodborne Pathogens and Infectious Disease are Spread", Subheading Healthcare Professionals.

## HEALTHCARE BLOODBORNE PATHOGENS AND BLOODBORNE FOR THE WORKPLACE

### Written Test Answer Key

ANSWER KEY				
1.	<input checked="" type="radio"/> A	B	C	D
2.	<input checked="" type="radio"/> A	B	C	D
3.	A	B	C	<input checked="" type="radio"/> D
4.	A	B	<input checked="" type="radio"/> C	D
5.	A	<input checked="" type="radio"/> B	C	D
6.	<input checked="" type="radio"/> A	B	C	D
7.	<input checked="" type="radio"/> A	B	C	D
8.	A	B	C	<input checked="" type="radio"/> D
9.	A	<input checked="" type="radio"/> B	C	D
10.	A	B	C	<input checked="" type="radio"/> D
11.	A	B	C	<input checked="" type="radio"/> D
12.	A	B	C	<input checked="" type="radio"/> D
13.	A	B	<input checked="" type="radio"/> C	D
14.	A	B	C	<input checked="" type="radio"/> D
15.	A	<input checked="" type="radio"/> B	C	D

# HEALTHCARE BLOODBORNE PATHOGENS AND BLOODBORNE FOR THE WORKPLACE Written Test Answer Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D

## HEALTHCARE BLOODBORNE AND BLOODBORNE FOR THE WORKPLACE WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.  
Circle the correct answer on the separate answer sheet.

1. How often is an employee required to have bloodborne pathogens training?
  - A. Annually
  - B. Every 3 years
  - C. Every 6 months
  - D. One time, when the employee is hired
2. HIV, HBV, and HCV are spread by casual contact such as shaking hands, hugging, using toilets and swimming pools, etc.
  - A. False
  - B. True
  - C. Only if the infected person has both HIV and HBV
  - D. Only if your bare skin touches the infected person
3. \_\_\_\_\_ is the primary way Bloodborne Pathogens are transmitted from one person to another.
  - A. Contact with synovial fluid
  - B. Contact with saliva
  - C. Contact with urine or feces
  - D. Sexual contact
4. What is true about HIV infection?
  - A. People with HIV always have a high fever, night sweats, and weight loss
  - B. HIV infection converts to AIDS within 10 days
  - C. Symptoms are unreliable and may or may not be present
  - D. HIV is often spread from swimming pools and drinking fountains
5. What organ does the hepatitis B virus (HBV) primarily attack?
  - A. Heart
  - B. Liver
  - C. Kidneys
  - D. Pancreas
6. Which statement is true about the Hepatitis B vaccine?
  - A. It must be offered free to employees who face occupational exposure to bloodborne pathogens
  - B. It will guarantee that a person will never get Hepatitis B
  - C. Employees cannot refuse the vaccine when it is offered to them
  - D. It is usually given in 1 shot that gives a person lifetime immunity

7. What is the most common way Hepatitis C is spread?
- A. Sharing needles for Injection drug use
  - B. Using a toilet in a public restroom
  - C. Swimming in a pool
  - D. Shaking hands and hugging
8. The Hepatitis C virus (HCV) primarily causes damage to what organ?
- A. Heart
  - B. Lungs
  - C. Kidneys
  - D. Liver
9. What is one commonly spread skin disease?
- A. HIV (Human Immunodeficiency Virus)
  - B. MRSA (Methicillin-Resistant Staphylococcus aureus)
  - C. C-Diff (Clostridium Difficile)
  - D. HCV (Hepatitis C Virus)
10. What should one do to reduce the risk of exposure to bloodborne pathogens?
- A. Use Personal Protective Equipment
  - B. Wash hands after removing gloves
  - C. Follow the employer's exposure control plan
  - D. All of the above
11. What are work practice controls?
- A. Gloves, gowns, and items that block pathogens from touching skin
  - B. Using equipment like self-sheathing needles
  - C. Using items that isolate or remove bloodborne pathogens hazards
  - D. Altering the way in which tasks are performed in order to reduce the exposure to bloodborne pathogens
12. Which of the following are considered regulated waste?
- A. Gauze saturated and dripping blood
  - B. Items that are caked with dried blood
  - C. Used Needles
  - D. All of the above
13. What is a solution that is recommended by the CDC (centers for disease control) to properly disinfect and clean up body fluids?
- A. 5 parts bleach to 10 parts water
  - B. 100% isopropyl alcohol (rubbing alcohol)
  - C. 1 part household bleach added to 9 parts water
  - D. 50% isopropyl alcohol (rubbing alcohol)



14. What is one thing you would NOT do to properly remove gloves?
- A. With the fingertips of the bare hand, move underneath the glove at the wrist and pull the glove off, turning it inside out
  - B. With a gloved hand, pinch the exterior of the other glove at the wrist and pull it off, turning it inside out
  - C. Touch glove only to glove and skin to skin
  - D. Grab the glove by the fingertips to pull it straight off the hand
15. What should you do if you believe you have had an exposure incident?
- A. Get a medical evaluation first, then report to your supervisor
  - B. Decontaminate, notify supervisor, and receive medical evaluation immediately
  - C. Get a medical evaluation after you finish working your shift
  - D. Notify your supervisor first, then decontaminate

# **BLOODBORNE FOR BODY ART AND CA COMPLIANT BLOODBORNE FOR BODY ART**

*OSHA Standard 29 CFR 1910.1030 and Infection Control and CA AB300*

## **Description:**

Bloodborne for Body Art includes the following Bloodborne Pathogens and Infection Control training:

- Introduction to Bloodborne Pathogens
- Infection Control for Body Artists
- How Bloodborne Pathogens are spread
- HIV and AIDS
- Hepatitis B Virus and Vaccine
- Hepatitis C Virus
- Skin Diseases
- Medical Issues With Tattoos and Piercings
- Engineering Controls
- Reducing Risk
- Work Practice Controls
- Regulated Waste
- Body Fluid Cleanup Procedures
- Glove Removal
- Handwashing
- Sterilization Procedures for Body Art Shops
- Hospital Associated Infections
- Safe Injection Practices
- Exposure Incident and Reporting
- California AB300 Safe Body Art Act

## **Purpose:**

This course is intended for body art professionals who need OSHA compliant Bloodborne Pathogens and infection control training, according to OSHA 29 CFR 1910.1030 standard and CA AB300 as part of their job requirement because they may face occupational exposure to Bloodborne Pathogens and infectious disease. People who need this certification include Tattoo Artists, Body Art Professionals, Body Piercing Artists, Permanent Cosmetics Artists, and others who need body art specific bloodborne pathogens training.

## **Course Design:**

### **Traditional Classroom:**

- Bloodborne for Body Art: 3.5 Hours
- CA Compliant Bloodborne for Body Art: 3.5 Hours
- After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

**Online:** [www.probloodborne.com](http://www.probloodborne.com)

All cognitive learning and testing is to be completed online at the participant's own pace. After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

# BLOODBORNE FOR BODY ART

## INSTRUCTOR ACTIVITIES



When you see the camera symbol it is time to show the video.

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When you see the teacher symbol it is time to teach key points. Make sure to state the key points to the students in each section. The key points are the most important things the students need to know after each activity.

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Videos for the course are available on your instructor dashboard in the instructor documents area.



### Key Points:

- The goal of the Bloodborne for Body Art course is to help the student gain the knowledge and skills necessary to prevent the transmission of bloodborne pathogens.
- The course will combine short video segments and discussion. There will be a written test at the end. Make sure to pay attention to the key points.
- Are there any questions before we begin? (briefly answer any questions.)



Show video: Introduction to Bloodborne Pathogens

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### Key Points:

**Bloodborne Pathogens** are microorganisms (such as viruses) that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

**Infectious Disease** is a disease that enters into the body through various routes, that is caused by microorganisms such as a bacteria, fungus, or virus. Infectious diseases can range from mild to life-threatening.



Show video: Infection Control for Body Artists

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### Key Points:

- It is important for a body art professional to use Aseptic Technique for tattoos and body art. Aseptic technique is used to prevent cross contamination; in other words, prevent the transmission of germs from one person to another or from one place to another
- The body art professional needs to cover his or her own skin with wounds, infections, or dermatitis. Also, clothing needs to be clean
- Don't let used equipment come in contact with clean or sterile equipment
- Maintain the cleanliness of all supplies by storing in a sanitary manner that protects all items from contamination
- Ink shall be from single use containers and only used on one client. Ink stored in bulk containers can be transferred to single use containers. Dispose single use containers after each person
- Maintain a clean and sanitary environment by using a proper disinfectant. Disinfect chairs and work surfaces between each person



Show video: How Bloodborne Pathogens Spread

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### Key Points:

#### The Chain of Infection

For disease to be spread, it requires that all of the following conditions be present:

- An adequate number of pathogens, or disease-causing organisms.
- A reservoir or source that allows the pathogen to survive and multiply (e.g., blood).
- A mode of transmission from the source to the host.
- An entrance through which the pathogen may enter the host.
- A susceptible host (i.e., one who is not immune).

Effective infection control strategies prevent disease transmission by interrupting one or more links in the chain of infection.

**The primary source of potential infection is blood and bodily fluids, especially those visibly contaminated with blood**

- cerebrospinal fluid (Brain)
- synovial fluid (Joints)
- pleural fluid (Lungs)
- amniotic fluid (Uterus)
- pericardial fluid (Heart)
- peritoneal fluid (Abdomen)
- semen
- vaginal secretions
- blood
- any body fluid contaminated with blood
- body fluids that cannot be recognized

#### Modes of Transmission

- **Direct contact** – occurs when microorganisms are transferred from one infected person directly to another person. For example, infected blood from one person enters a care giver's body through an open cut.
- **Indirect contact** – involves the transfer of an infectious agent through a contaminated object or person. For example, a caregiver doesn't wash hands inbetween caring for someone with infected body fluids and other patients. For Example, Parenteral contact with a needle stick.
- **Airborne transmission** – occurs when droplets or small particles contain infectious agents that remain effective over time and distance in the air. Tuberculosis is a common disease spread this way. Bloodborne pathogens are not typically spread this way.

- Sexual contact is the primary mode of transmission for Bloodborne Pathogens, however the risk of exposure does exist while providing medical or first aid care.
- The highest potential risk while providing care exists when a contaminated sharp object cuts or punctures the skin. (Parenteral examples: needle stick, illegal drug usage, cut from broken glass, bite)
- A medium potential risk exists when an infected body fluid gets into an open.
- Cut or mucous membrane (inside eyes, mouth, ears or nose)
- The lowest potential risk is when a contaminated object touches inflamed skin, acne, or skin abrasion.

**Unlike some infectious diseases, Bloodborne Pathogens are NOT spread by:**

- Intact skin- is created as our first defense against disease. The CDC states that there is no known risk from exposure to intact skin.
- Casual contact- such as handshakes and hugging



Show video: HIV and Aids

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### Key Points:

#### HIV

Attacks the body's ability to protect itself against disease (autoimmune system) and may cause AIDS (Acquired Immune Deficiency Syndrome)

- Symptoms may or may not be present. You may be infected for years and not know it. Only a blood test can determine the infection, not symptoms:
  - Fever
  - Fatigue
  - Weight loss
  - Rash
- The HIV virus is fragile and may die within seconds outside the body. The amount of HIV present in the body fluid and the conditions will determine how long the virus lives.
- HIV is primarily spread by sexual contact with an infected person or by sharing needles and/or syringes (primarily for drug injection). Babies may become infected before/during birth or through breastfeeding. Only a fraction of less than 1% of the people contract the virus from providing medical care.
- HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...
- There is no vaccination.



Show video: Hepatitis B

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## Key Points:

### Hepatitis B Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- Infections have decreased since 1990 because of the HBV vaccine.
- Symptoms may or may not be present. The older, the more apt to have symptoms. Only a blood test can determine the infection. Symptoms may include:
  - yellow skin (jaundice)
  - loss of appetite, nausea
  - yellowing eyes
  - joint pain
  - tiredness
  - abdominal discomfort
- Up to 100 times easier to catch than HIV. HBV can live outside of body for at least 7 days and longer.
- 90% adults who contract hepatitis B clear the virus from their systems within a few months and develop immunity. About 10% become chronic the virus stays in the blood, infecting liver cells damaging them over time.
- If exposed to the virus, infants and young children are most at risk from chronic infections, complications, and death. Further, in most children, the virus is a silent killer. It destroys the liver or induces liver cancer often over a period of 20 years or more.
- HBV is primarily spread by sexual contact with an infected person, sharing needles and/or syringes (primarily for drug injection), from an infected mother to her baby during birth, or sharps exposures on the job
- However, still like HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...

### HBV Vaccine – usually given in 3 doses

- Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause H.B.V. infection.
- Hepatitis B vaccines are among the safest vaccines we have. In studies, severe adverse events were not detected and local reactions were no greater in persons receiving hepatitis B vaccine than persons who received a placebo or another vaccine.
- Booster doses of hepatitis B vaccine are not recommended. Immune memory remains indefinitely following immunization.
- It is wise to have Immunity confirmed through antibody testing 1-2 months after the vaccine must complete a vaccine declination form.
- HBV vaccine is 80 to 95% effective in providing protection from Hepatitis B when the complete series of three doses of vaccine are administered.
- The HBV vaccine must be offered free to employees who face occupational exposure to bloodborne pathogens. Employees who do not want the vaccine must complete a vaccine declination form.

- Occupationally exposed employees include those who:
  - Administer first aid
  - Provide medical aid to students
  - Assist in bathroom care
  - Work in medical or dental offices
  - Perform custodial duties involving the cleaning and decontamination of surfaces that may be contaminated with blood and or other potentially infectious materials (OPIM).
  - Handle Regulated medical waste



Show video: Hepatitis C

---



### Key Points:

#### Hepatitis C Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- About 80% of exposed people develop a chronic infection. 20% are able to clear the virus by naturally building immunity.
- Symptoms are not a reliable way to detect HCV. A blood test is needed. Symptoms may look the same as HBV.
- Unlike HIV or HBV, HCV is spread primarily through parenteral contact:
  - Illegal injection drug use
  - Transfusion or transplant from infected donor
  - Tattoos
- Occupational exposure to blood mostly through needle sticks
- It is also spread through:
  - Birth to HCV-infected mother
  - Multiple sex partners
  - There is no cure or vaccination





## Show video: Skin Diseases and Disorders



### Key Points:

**Skin Diseases, Disorders, and Conditions** – Persons with boils, infected wounds, open sores, abrasions, or weeping dermatological lesions should avoid working where there is a likelihood they could contaminate healthcare supplies, body art equipment, or working surfaces. Worker's skin should be free of rash or infection. Healthcare workers, tattoo artists, and caregivers should cover any sores with bandages to avoid the potential spread of disease.

- **Skin Anatomy** – Skin is the largest organ of the body. Contains blood vessels, sensory receptors, nerves, and sweat glands. It is made up of the Epidermis and the dermis. Varies in thickness from 1.5 to 4 mm or more. Skin is the first line of defense against infection.
- **Epidermis** – The thick outer layer of tissue
- **Dermis** – Strong, flexible second layer of connective tissue. The dermis is filled with blood vessels. Unclean tattooing or body art is a high risk activity for bloodborne pathogens because it involves multiple punctures of the skin to instill pigment into the dermis.
- **Hypodermis** – Just below the skin, it is the fatty layer, also called the subcutaneous layer.

### Commonly spread skin diseases:

#### Bacteria:

**MRSA** – (*methicillin-resistant Staphylococcus aureus*) infection can look like an ordinary skin wound, boil, or infected sore. People contract MRSA by touching infected mucous membranes, skin, or contaminated objects.

#### Virus

**Herpes Simplex** – Generally found on the face, scalp, arms, neck and upper chest. Small round blisters when broken can secrete a clear or yellowish fluid. People contract herpes by touching infected saliva, mucous membranes, or skin.

#### Fungus

**Athlete's Foot, Jock Itch, and Ringworm** – Causes red, patchy, flaky, itchy areas. It is contagious and is easily spread from one person to another. Spreads when infected area on another person or contaminated surfaces (showers) are touched. Affected areas need to be kept clean and dry.

Some people with the following conditions are more prone to skin disorders. Healing may be adversely affected by receiving tattoos or body art:

- |  |  |
|--|--|
| • History of Hepatitis B or Hepatitis C    | • History of hemophilia or any other blood disorder/disease                |
| • HIV/AIDS                                 | • History of allergies or adverse reactions to pigments, dyes, latex, etc. |
| • Diabetes                                 | • Immune disorders   |
| • History of skin diseases or skin lesions |  |





Show video: Medical Issues With Tattoos

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### Key Points:

**Bloodborne Pathogens** – Hepatitis C, Hepatitis B and HIV can be spread when needles are reused or the body art professional does not use aseptic technique

- **General Skin Infection** – This is the most common risk of tattoos and piercings, characterized by redness, swelling, pain and puss like drainage. Serious infections like impetigo, MRSA or cellulites can occur. Since the mouth is teeming with bacteria, oral piercing carries a high potential for infection at the site of the piercing. Metal jewelry in the mouth can also cause damage to gums and teeth.
- **Allergic reactions** – materials such as tattoo dyes and metal can cause reactions at the tattoo or piercing site. Usual signs include pain, an itchy rash, skin blotches, bumps and swelling.
- **Keloids** – this is a type of scar that forms during healing. Tattoos damage the skin because they are essentially deep puncture wounds in the skin that are then filled with ink. Keloids can occur when the skin heals and can look like raised up scar tissue. Unlike scars they do not go away or diminish over time.
- **Nerve Damage** – If a nerve is pierced, especially above the eyebrow or bridge of nose, short-term or long-term neurological damage can occur.
- **Risk of bleeding** – people taking certain medications or who have medical conditions can be more susceptible to bleeding



Show video: How to Reduce Your Risk

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### Key Points:

#### Standard Precautions

- Treat all body fluids from every person as potentially infectious
- Follow the recommendations in the employer's Bloodborne Pathogens Exposure Control Plan.

#### Bloodborne Pathogens Exposure Control Plan

Elements that must be included:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping

- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements

**Controlling exposures** – The fundamental method of protecting workers is controlling hazards.

- **Hierarchy of controls:** The control methods at the top of the list have a higher potential to be more effective than those at the bottom:
  - **Elimination** – get rid of the hazard
  - **Substitution** – replace hazard with a safer method
  - **Engineering controls** – use devices such as self sheathing needles and sharps containers to block or eliminate risk
  - **Work Practice and Administrative controls** – follow policies and procedures to eliminate risk
  - **Personal protective equipment**



Show video: Work Practice Controls

---



### Key Points:

#### Work Practice, Engineering and Administrative Controls

- Follow all training, legal requirements, policies and procedures related to infection control at your facility
- **Example Work Practice Controls**
- Do not eat, drink, smoke, apply cosmetics or handle contact lenses in areas where there is the possibility of exposure to BBP.
- When emptying trash containers, do not use your hands to compress the trash in the bag. Lift and carry the trash bag away from your body

#### Use Personal Protective Equipment- (PPE must be provided by your employer)

- **Gloves** – use when the potential exists of touching blood, body fluids, or contaminated items.
- **CPR Shields and Eye Protection** – use when patient care is likely to generate splashes or secretions of blood/body fluids.
- **Gowns** – use when the potential exists of contact with blood/body fluids on clothing or exposed skin.
- **Masks and Respirators**– Use to protect from potential airborne infectious diseases.
- Know where PPE is at your workplace
- Know what PPE is available and how to use it
- **Make sure first** – aid kits and emergency supplies include disposable gloves and CPR face shields or rescue masks

- If laundering items rather than disposing, follow your facility's procedures for handling laundry: General Laundry procedures:
  - Wear PPE
  - Keep contaminated laundry separate from other laundry
  - Bag potentially contaminated laundry where it is used
  - Use leak-proof bags for wet laundry
  - Transport in properly labeled bags



Show video: Regulated Waste

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### Key Points:

#### Hazardous Disposal

- Definition:  
Liquid or semi-liquid blood or other potentially infectious materials (OPIM). Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Dispose of in a properly labeled biohazard container: either a red bag or container labeled in orange or orange-red with the Bio-Hazard symbol.



Show video: Body Fluid Cleanup

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### Key Points:

#### Cleanup Procedures

- Use a solution of 1 part household bleach added to 9 parts water.
- Other commercial disinfectants registered with the EPA as effective against HIV/HBV may be used. Check the label.
- Use Personal Protective Equipment.
- If a Body Fluid Spill Kit is available, use according to manufacture's directions
  1. First, put on Personal Protective Equipment
  2. Remove visible material with absorbent towels
  3. If any sharp object or broken glass is visible, remove with tongs or dust pan and place in a ridged sealable container. Never use bare hands.
  4. Spray disinfectant liberally on contaminated area and let stand for up to 10 minutes
  5. Once the area has been disinfected, dry area with absorbent towels and dispose of towels in trash



Show video: Glove Removal

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### Key Points:

#### Glove Removal

- Remember, only skin touches skin and glove touches glove
  - Grip one glove near the cuff and peel it down until it comes off inside out. Cup it in the palm of your gloved hand
  - Place two fingers of your bare hand inside the cuff of the remaining glove
  - Peel that glove down so that it also comes off inside out over the first glove.
  - Properly dispose of the gloves.
  - After removing gloves, hands need to be washed prior to donning a clean set of gloves.
- 



Show video: Hand Washing

---



### Key Points:

#### Hand Hygiene

- Hand Hygiene is the most important infection control technique.
- Disinfect your hands whenever they are visibly dirty or contaminated and...

##### Before:

- having contact with patients
- putting on gloves
- inserting any invasive device
- manipulating an invasive device

##### After:

- having contact with a patient's skin
- having contact with bodily fluids or excretions, non-intact skin, wound dressings, contaminated items
- having contact with inanimate objects near a patient
- removing gloves

#### How to Practice Proper Hand Hygiene:

**Alcohol-Based Hand Rubs (foam and gel)** kill germs effectively and can be used instead of soap and water if your protocols allow. They are also less damaging to the skin. Soap and water is always needed if hands are visibly dirty.

- Apply to palm of one hand (the amount used depends on specific hand rub product).
- Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

#### Soap and Water

- Wet hands with water.
- Apply soap.
- Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
- Rinse under running water and dry with disposable towel.
- Use the towel to turn off the faucet



### Show video: Sterilization Procedures for Body Art

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#### Key Points:

- Contaminated equipment that is going to be cleaned needs to be separated from procedure areas.
- Wear Appropriate Personal Protective Equipment (PPE)
- Instruments should not be left overnight in plain water because they can develop corrosion and biofilms that make the instruments harder to clean
- Only properly trained individual can use an autoclave



### Show video: Hospital Associated Infections

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#### Key Points:

##### Hospital Associated Infections

- To avoid the spread of bloodborne pathogens and infectious diseases, healthcare professionals have an ethical and professional responsibility to adhere to scientifically accepted or evidence based practices and principles of infection control and to monitor the performance of those for whom the professional is responsible.
- Multiple organizations publish best practices for infection control. Some states, such as New York, include a legal responsibility to adhere to infection control practices.
- *Nosocomial infections* are those that originate or occur in a hospital or hospital-like setting. In American hospitals alone, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year.
- Some of the common nosocomial infections are urinary tract infections, respiratory pneumonia, surgical site wound infections, bacteremia, gastrointestinal and skin infections.
  - According to the CDC, the most common pathogens that cause nosocomial infections are *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *E. coli*.
  - MRSA – methicillin-resistant *Staphylococcus aureus*. It is a strain of staph that's resistant to the broad-spectrum antibiotics commonly used to treat it. MRSA can be fatal.
  - *Pseudomonas aeruginosa* – pathogens that are highly resistant to antibiotics. Because antibiotics are usually non-effective, it can lead to more serious infections: septicemia, urinary tract infections, pneumonia, chronic lung infections, endocarditis, dermatitis, and osteochondritis.
  - *E. Coli* – typically causes severe stomach cramps, diarrhea (often bloody), and vomiting. Some *E. coli* strains can be life threatening.



Show video: Safe Injection Practices

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### Key Points:

#### Safe injection practices

- The Needlestick Prevention Act requires appropriate, commercially available, and effective safer medical devices designed to eliminate or minimize occupational exposure
- Needles and other sharps must be discarded in rigid, leak-proof, puncture resistance containers
- Do not bend, shear, break or recap needles. If you must recap, use one-handed method.
- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
- Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Infection control practices for special lumbar puncture procedures: Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.)



Show video: Exposure Incident and Reporting

---



### Key Points:

#### Exposure Incident and Reporting

- An exposure incident is defined as a specific mucous membrane, broken skin, or puncture contact with blood or OPIM that results from the performance of an employee's duties.
- If you think you've been exposed, decontaminate, report to supervisor, and seek medical treatment. An immediate confidential post exposure medical evaluation, prophylactic treatment, and follow-up needs to be conducted by a physician.
- Complete forms as soon as possible after incident. Don't delay medical treatment to fill out paperwork.

#### Complete an Exposure Incident Report including the following:

- A description of how the exposure occurred
- Time, date, and place
- All people involved including source individual, exposed person (s), and first aid providers
- Forms and continued follow-up action will proceed according to employer's policies and procedures.



Show video: California AB300 Safe Body Art Act\*  
Show video: L.A. County Body Art Regulations\*

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### Key Points:

- The Safe Body Art Act AB300 regulates tattooing, branding, body piercing, and permanent makeup for body art in California. The ordinance requires all California body art practitioners to annually register with the County.

**\*INCLUDE THESE VIDEOS ONLY FOR CA COMPLIANT BLOODBORNE FOR BODY ART.  
BE PREPARED TO PROVIDE CA COUNTY SPECIFIC DOCUMENTS AND POLICIES.**





## **Administer Written Test**

Located at the end of the instructor activities section

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided.
- Students must have 80% correct to pass the test.
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course.

### **After-course responsibilities:**

- Instructor completes online classroom records through instructor dashboard so students will receive certification cards.

### **References:**

Centers for Disease Control and Prevention. Estimates of Healthcare-Associated Infections.  
<http://www.cdc.gov/hai/>

Centers for Disease Control and Prevention. Injection Safety Information for Providers.  
<https://www.cdc.gov/injectionsafety/index.html>

Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Healthcare Settings – 2020.  
<http://www.cdc.gov/handhygiene/>

Centers for Disease Control and Prevention. NIOSH safety and health topic: Body Art.  
[http://www.cdc.gov/niosh/topics/body\\_art/default.html](http://www.cdc.gov/niosh/topics/body_art/default.html)

## BLOODBORNE FOR BODY ART

### Written Test Answer Key

ANSWER KEY				
1.	<input checked="" type="radio"/> A	B	C	D
2.	<input checked="" type="radio"/> A	B	C	D
3.	A	B	C	<input checked="" type="radio"/> D
4.	A	B	<input checked="" type="radio"/> C	D
5.	A	<input checked="" type="radio"/> B	C	D
6.	<input checked="" type="radio"/> A	B	C	D
7.	<input checked="" type="radio"/> A	B	C	D
8.	A	B	C	<input checked="" type="radio"/> D
9.	A	<input checked="" type="radio"/> B	C	D
10.	A	B	C	<input checked="" type="radio"/> D
11.	A	B	C	<input checked="" type="radio"/> D
12.	A	B	C	<input checked="" type="radio"/> D
13.	A	B	<input checked="" type="radio"/> C	D
14.	A	B	C	<input checked="" type="radio"/> D
15.	A	<input checked="" type="radio"/> B	C	D
16.	<input checked="" type="radio"/> A	B	C	D
17.	A	B	C	<input checked="" type="radio"/> D
18.	A	B	C	<input checked="" type="radio"/> D
19.	<input checked="" type="radio"/> A	B	C	D
20.	A	<input checked="" type="radio"/> B	C	D

## BLOODBORNE FOR BODY ART

### Written Test Answer Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D

## BLOODBORNE FOR BODY ART WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.  
Circle the correct answer on the separate answer sheet.

1. Which statement is correct about tattoo ink?
  - A. Ink shall be used from single use containers and only used on one client
  - B. It is best to use ink directly from bulk containers for all clients
  - C. Leftover Ink in single use containers can be added back to the bulk containers
  - D. Ink in single use containers can be thinned with normal tap water
2. HIV, HBV, and HCV are spread by casual contact such as shaking hands, hugging, using toilets and swimming pools, etc.
  - A. False
  - B. True
  - C. Only if the infected person has both HIV and HBV
  - D. Only if your bare skin touches the infected person
3. \_\_\_\_\_ is the primary way Bloodborne Pathogens are transmitted from one person to another.
  - A. Contact with synovial fluid
  - B. Contact with saliva
  - C. Contact with urine or feces
  - D. Sexual contact
4. What is true about HIV infection?
  - A. People with HIV always have a high fever, night sweats, and weight loss
  - B. HIV infection converts to AIDS within 10 days
  - C. Symptoms are unreliable and may or may not be present
  - D. HIV is often spread from swimming pools and drinking fountains
5. What organ does the hepatitis B virus (HBV) primarily attack?
  - A. Heart
  - B. Liver
  - C. Kidneys
  - D. Pancreas
6. Which statement is true about the Hepatitis B vaccine?
  - A. It must be offered free to employees who face occupational exposure to bloodborne pathogens
  - B. It will guarantee that a person will never get Hepatitis B
  - C. Employees cannot refuse the vaccine when it is offered to them
  - D. It is usually given in 1 shot that gives a person lifetime immunity

7. What is the most common way Hepatitis C is spread?
- A. Sharing needles for Injection drug use
  - B. Using a toilet in a public restroom
  - C. Swimming in a pool
  - D. Shaking hands and hugging
8. The Hepatitis C virus (HCV) primarily causes damage to what organ?
- A. Heart
  - B. Lungs
  - C. Kidneys
  - D. Liver
9. What is one commonly spread skin disease?
- A. HIV (Human Immunodeficiency Virus)
  - B. MRSA (Methicillin-Resistant Staphylococcus aureus)
  - C. C-Diff (Clostridium Difficile)
  - D. HCV (Hepatitis C Virus)
10. What should one do to reduce the risk of exposure to bloodborne pathogens?
- A. Use Personal Protective Equipment
  - B. Wash hands after removing gloves
  - C. Follow the employer's exposure control plan
  - D. All of the above
11. What are work practice controls?
- A. Gloves, gowns, and items that block pathogens from touching skin
  - B. Using equipment like self-sheathing needles
  - C. Using items that isolate or remove bloodborne pathogens hazards
  - D. Altering the way in which tasks are performed in order to reduce the exposure to bloodborne pathogens
12. Which of the following are considered regulated waste?
- A. Gauze saturated and dripping blood
  - B. Items that are caked with dried blood
  - C. Used Needles
  - D. All of the above
13. What is a solution that is recommended by the CDC (centers for disease control) to properly disinfect and clean up body fluids?
- A. 5 parts bleach to 10 parts water
  - B. 100% isopropyl alcohol (rubbing alcohol)
  - C. 1 part household bleach added to 9 parts water
  - D. 50% isopropyl alcohol (rubbing alcohol)

14. What is one thing you would NOT do to properly remove gloves?
- A. With the fingertips of the bare hand, move underneath the glove at the wrist and pull the glove off, turning it inside out
  - B. With a gloved hand, pinch the exterior of the other glove at the wrist and pull it off, turning it inside out
  - C. Touch glove only to glove and skin to skin
  - D. Grab the glove by the fingertips to pull it straight off the hand
15. What should you do if you believe you have had an exposure incident?
- A. Get a medical evaluation first, then report to your supervisor
  - B. Decontaminate, notify supervisor, and receive medical evaluation immediately
  - C. Get a medical evaluation after you finish working your shift
  - D. Notify your supervisor first, then decontaminate
16. A body art professional needs to give \_\_\_\_\_ instructions to customers of a piercing or tattoo that explain the procedures on how to prevent health problems.
- A. Aftercare
  - B. Bloodborne pathogens
  - C. Bleeding control
  - D. Antibiotic prescription
17. What is correct about contaminated equipment that is going to be cleaned?
- A. It needs to soak overnight in water.
  - B. It should be put in an autoclave immediately.
  - C. It should be left in the procedure areas until the end of the day.
  - D. It needs to be separated from procedure areas.
18. What signs and symptoms would indicate an allergic reaction to metal from a piercing or tattoo dyes?
- A. Bumps on the skin
  - B. Itching
  - C. Rash
  - D. All of the above
19. What should a body art professional do with an open sore on his or her body to prevent the spread of infection?
- A. Cover open sores with a bandage
  - B. Clean the sore with rubbing alcohol before and after work
  - C. Wash the sore with soap and water at least 3 times a day
  - D. Nothing needs to be done with an open sore unless it is on the hands
20. Which statement is correct for proper sterilization in an autoclave?
- A. Hinged instruments must be kept in the closed position
  - B. Only properly trained individuals should be allowed to use an autoclave
  - C. Reusable tools for piercing and tattooing require the same amount of time and temperature to sterilize each load.
  - D. Items are put in packages after they have been processed in the autoclave

Quality assurance is a top priority for ProTrainings, LLC. In order to ensure quality training programs that comply with the most current training standards, a ProTrainings Review Committee exists. The ProTrainings Review Committee is made up of experienced ProTrainings, LLC staff members and other training professionals. Primary responsibilities include:

- Evaluating and endorsing Instructor Trainers
- Ensuring medical and educational integrity of ProTrainings programs
- Curriculum writing
- Assuring compliance with the most current training requirements and standards
- Following up allegations of serious quality assurance problems
- Ensuring customer satisfaction
- Monitoring Instructors/Evaluators
- Making certain that Instructors/Evaluators comply with published guidelines and administrative aspects of ProTrainings, LLC programs

Some of the tools used to carry out quality assurance for Instructor/Evaluators are:

- Weekly email video reminders to keep Instructor/Evaluator skills fresh
- Student course evaluations
- Periodic Instructor/Evaluator training updates
- Electronic record keeping and data tracking
- Easily accessible published training and student materials



## Course Evaluation

Your feedback is important as it helps us to improve the quality of our training programs. Please rate the following statements:

Date Course Completed: \_\_\_\_\_ Instructor/Skill Evaluator Name \_\_\_\_\_

Organization of the activity:	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I am satisfied with the training I received	1	2	3	4	5
I am satisfied with how the course was organized	1	2	3	4	5
<b>EFFECTIVENESS OF THE INSTRUCTOR/SKILL EVALUATOR:</b>					
The instructor presented the information clearly	1	2	3	4	5
The instructor helped me to learn the information	1	2	3	4	5
The instructor presented the information professionally	1	2	3	4	5
My questions were answered appropriately	1	2	3	4	5
<b>QUALITY OF TEACHING METHODS:</b>					
I am satisfied with the length and quantity of the training videos	1	2	3	4	5
I feel the training videos were high quality	1	2	3	4	5
I feel the testing accurately reflected the training received	1	2	3	4	5
I am satisfied with all of the training materials used	1	2	3	4	5
I am satisfied with the training format	1	2	3	4	5
<b>EFFECTIVENESS OF SKILLS PRACTICE AND EVALUATION:</b>					
I was able to complete my skill practice and evaluation in a timely manner	1	2	3	4	5
The instructor/skill evaluator had all the necessary equipment and it was in good order	1	2	3	4	5
I received appropriate feedback from the instructor/skill evaluator	1	2	3	4	5
The instructor/skill evaluator was professional and fair	1	2	3	4	5
<b>Please Share Any Additional Comments:</b>					





# APPENDIX

## EQUIPMENT DECONTAMINATION AND PARTICIPANT SAFETY

### Manikin Decontamination & Participant Safety

There has never been a documented case of a CPR manikin transmitting a bacterial, fungal, or viral disease. In order to prevent the possibility of an infectious disease being spread from manikin use, manikins need to be cleaned and disinfected properly. The following are the evaluator's responsibilities in regard to manikin decontamination:

- **Inspect manikins before each use:**  
Look for cracks or tears on the face that could inhibit cleaning or may injure a participant. Do not use manikins with cracks or tears on the face or body.
- **Personal Protective Equipment:**  
Participants should use their own practice face shield or rescue mask and wear gloves when performing skills.
- **Decontaminate manikins during use:**  
After every participant's use, the face and inside mouth should be wiped briskly. Manikins with individual use lungs should be changed between each participant. Use a clean absorbent material wetted down with a solution of household chlorine bleach and water (1 part bleach added to 9 parts water solution). A solution of 70% alcohol (isopropanol or ethanol) will also work well. Let the surface stay wet for about 1 minute before wiping off with a clean dry cloth or letting it air-dry.
- **Decontaminate manikins after each session or day:**  
All manikins used should be thoroughly cleaned after each session or day of use. Remember to clean manikins in a well ventilated area and use safety goggles and gloves when cleaning manikins. Completely disassemble according to manufacturer's directions and scrub the parts with warm soapy water, rinse, and decontaminate by soaking in a bleach solution for 10 minutes. Make sure to scrub manikin parts vigorously as this is just as important as using a bleach solution. Rinse with fresh water, dry, and reassemble. Make sure to replace the disposable lungs and airway passages with new parts.
- **Participant Safety:**  
Individuals that take the course may have a wide range of physical limitations: hearing disabilities, legally blind, lack of full use of limbs, back troubles, etc. A blended participant will be familiar with the required skills after completing the web-based content. However, evaluators should use the skill practice sheets to brief individuals on the required skills. Some adaptations may be made as long as the objective of the skill can be successfully met. If the objective cannot be safely met respectfully explain that certification cannot be given. Do not compromise the safety of the participant or the evaluator.



ProTrainings is a nationally recognized online e-learning company offering healthcare provider CPR certification, lay rescuer/general workplace CPR & First Aid certification, ACLS and PALS certification, and OSHA bloodborne pathogens training and certification. Can I Use Online CPR Certification & CPR Training? Our CPR training videos follow the latest American Heart Association and ECC/ILCOR guidelines with a blended online/hands-on certification program that is nationally accredited and accepted.



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