OSHA BLOODBORNE PATHOGENS

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What are bloodborne pathogens?

- Bloodborne pathogens are infectious microorganisms present in blood and at times other body fluids that can cause disease in humans
    - Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

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Healthcare Worker Risk Reduction

- Exposure Control Plan
- Standard Precautions
- Engineering Controls
- Work Practice Controls
- Personal Protective Equipment
- Hepatitis B Vaccination program
- Post Exposure evaluation and care
- Hazardous materials communication

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Workplace Transmission: Potentially Infectious Material

Bloodborne pathogens may be present in the following materials:

- Blood
- Body Fluids such as:
  - saliva, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid
- Other body fluids that are visibly contaminated with blood

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Workplace Transmission: Potentially Infectious Material

Bloodborne pathogens may also be present in the following materials:

- Saliva / blood contacted during dental procedures
- Unfixed tissue or organs-other than intact skin from living or dead humans
- Cell / tissue cultures from infected individuals
- Organ cultures, culture media, or similar solutions
- Blood, organs, and tissues from infected experimental animals

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Workplace Transmissions: Modes of Infection

Bloodborne pathogens can infect you via:

- An accidental injury by a contaminated sharp object
- Open cuts, nicks and skin abrasions-even acne and dermatitis
- Mucous membranes of your mouth, eyes, and nose
- Indirect transmission (touching a contaminated surface and then touching your mouth, eyes, nose or open skin)

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Epidemiology and Symptoms of:

Epidemiology is defined as the study of the frequency, distribution, cause, and control of disease in populations – forms the basis of all health related studies.

It provides the background for interventions to reduce transmission of infecting organisms, reduce the number of healthcare-associated infections, and protect healthcare providers from infection. APIC 2014

Today we will discuss:

- Hepatitis B Virus
- Hepatitis C Virus
- Human Immunodeficiency Virus (HIV)

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Hepatitis B Virus(HBV)

- Causes acute or chronic liver infection
- Transmission via blood, semen, or other body fluid with hepatitis B virus enters the body of someone who is not infected

  Those at higher risk for HBV infection include

  - Infants born to infected mothers
  - Sex partners of infected people
  - Men who have sex with men
  - People who inject drugs
  - Household contacts or sexual partners of known people with chronic HBV infection
  - **Health-care and public- safety workers at risk for occupational exposure to blood or blood-contaminated body fluids**
  - Hemodialysis patients
- Many people with hepatitis B don't know they are infected with the virus because they don't have symptoms. They can still spread the virus and cause infection in others.
- Hepatitis B can live outside of the body for at least 7 days on surfaces and other inanimate objects.

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Hepatitis B Virus (HBV)

- Signs and symptoms of hepatitis B infection include:
  - Fever
  - Fatigue
  - Loss of appetite/Nausea/vomiting
  - Abdominal pain
  - Dark colored urine
  - Clay-colored bowel movements
  - Joint pain
  - Yellowing of the skin or eyes (Jaundice)
- Symptom onset is anywhere from 60-150 days after exposure
- The risk for a newly infected individual developing chronic hepatitis B varies by age, with children being most vulnerable if exposed. Approximately 95% of adults recover completely from acute Hepatitis B, leaving the risk at approximately 5% for adult chronic hepatitis B illness. Chronic hepatitis B can become a serious or life threatening illness due to advanced liver disease
- Hepatitis B can be treated, but several efforts are targeted to prevent infection with the Hepatitis B Virus, including vaccination

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Hepatitis C Virus (HCV)

- Causes acute or chronic liver disease
- Transmission mainly via contact with blood of an infected person, less commonly via contact with other bodily fluid of someone infected.
- Injection-drug use is the most common mode of HCV transmission in the US.
- Others at risk include
  - Birth to an HCV-infected mother
  - Sharing personal items contaminated with infectious blood
  - Sex with an HCV-infected person
  - Unregulated tattooing
  - Other health-care procedures that involve invasive procedures, such as injections
  - **Needlestick injuries in health care settings**
  - Receipt of donate blood/blood products/organs (rare due to screening)

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Hepatitis C Virus (HCV)

- Signs and symptoms of hepatitis C infection include:
  - Fever
  - Fatigue
  - Loss of appetite/Nausea/vomiting
  - Abdominal pain
  - Dark colored urine
  - Clay-colored bowel movements
  - Joint pain
  - Yellowing of the skin or eyes (Jaundice)
- Symptom onset is anywhere from 14 to 182 days after exposure and may be mild. Many individuals are asymptomatic.
- The risk for a newly infected person developing chronic Hepatitis C infection is about 50%.
- Hepatitis C is treatable. The CDC now recommends screening at least once in adulthood, with each pregnancy, and more frequently for those who are in high risk categories or behaviors.

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Human Immunodeficiency Virus (HIV)

- A virus that attacks the immune system. If left untreated, it can lead to AIDS (acquired immunodeficiency syndrome)
- Transmission from contact of blood or bodily fluids from those infected, such as injection-drug use, unprotected vaginal or anal sex, or from a mother to baby during pregnancy, childbirth, or breastfeeding.
- Other factors that increase risk for HIV infection include
  - Having an existing Sexually Transmitted Disease
  - Alcohol or Drug use/Substance abuse

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Human Immunodeficiency Virus (HIV)

- Signs and symptoms of HIV include
  - Fever
  - Chills
  - Rash
  - Night Sweats
  - Muscle Ache
  - Sore Throat
  - Fatigue
  - Swollen lymph nodes
  - Mouth Ulcers
- Some people may not feel sick or have symptoms during infection, but still be able to spread the disease. Symptoms may begin within 2-4 weeks after exposure.
- HIV is treatable but there is no cure. If left untreated, HIV can progress through three stages, Acute HIV Infection, Chronic HIV Infection, and AIDS.

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Source Risk Factor of Blood Borne Pathogen

HBV	**Consider high-risk if the source has:** - High-risk sexual behavior (i.e. men who have sex with men, sexual partner who is an injection drug user (IDU), multiple sexual partners) - Sexual partner of HBV infected persons or persons practicing high-risk behavior - History of injection drug use - Comes from a highly endemic region
HCV	**Consider high-risk if lifetime risk factors of source patient include:** - High-risk sexual behavior (i.e. a sexual partner who is an IDU, long term sexual partner who is HCV infected) - Injection drug use - Receipt of blood or blood products before 1990 - Receipt of blood-derived coagulation products before 1985
HIV	**Consider high-risk if source has:** - High-risk sexual behavior (i.e. men who have sex with men, sexual partner who is an IDU, multiple sexual partners) - History of injection drug use - Has received a blood transfusion, blood products or organs between 1978 and 1985 - Involved with a sexual partner from any of the above groups - Infants born to HIV infected mothers

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Exposure Control Plan

- Employer is responsible to establish an **exposure control plan.**
- This is a written plan to eliminate or minimize occupational exposures.
- OSHA is a Federal agency that requires all healthcare facilities to have an Exposure Control Plan.

How to obtain a copy of the plan

- Located on the intranet (Heartbeat) – Click on policies and procedures →Medical Center→ SMC Infection Control
  - To access the federal law, scroll to the bottom of the document and open the link that is part of the references

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Exposure Control Plan

Samaritan Medical Center's written Exposure Control Plan includes:

- A description of which employees are covered by the Law
- Measures you and your facility must take to minimize your risk of exposure
- Procedures to follow if there is an exposure incident

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Employers must update the plan annually to:

- Reflect changes in tasks, procedures, and positions that affect occupational exposure
- Reflect any technological changes that eliminate or reduce occupational exposure
- Employers must annually document in the plan that they have considered/begun/maintained using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure

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Other Resources

- OSHA Regulation Manual
  - Available on the Intranet (Heartbeat)
- Departmental Policy and Procedure Manual
  - Available on the Intranet (Heartbeat)
- Immediate Supervisor

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Work Practice Controls

- Work practice controls are processes implemented to reduce the risk of injury and allow for tasks to be carried out as safely as possible.
- They go hand in hand with the concepts of standard precautions and with the use of engineering controls to protect healthcare workers.

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Work Practice Controls

Handle sharps with care:

- Do not recap or manipulate used needles with both hands
- Do not point a used needle toward any part of your body
- Do not remove used needles from disposable syringes by hand
- Do not bend / break used needles by hand
- Always put used sharps in proper containers immediately after use

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Work Practice Controls

Practice Good Hygiene:

- Do not splash or splatter potentially infectious substances
- Do not pipette or suction potentially infectious substances
- Do not store food or beverages anywhere near potentially infectious substances
- Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where exposure may occur

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If we break a link in the chain of infection, we can prevent further spread of infection.

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Standard Precautions

- What are they:
  - **Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals**
  - **The CDC recommends Standard Precautions for the care of all patients, regardless of their diagnosis or presumed infection status.**
  - **Refer to Standard precautions policy**

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Engineering Controls

- Engineering Controls include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers and self-sheathing needles. They protect healthcare workers by removing hazardous conditions or by placing a barrier between the worker and the hazard.

- The revision now specifies that "safer medical devices, such as sharps with engineered sharps injury protections and needleless systems" constitute an effective engineering control, and must be used where feasible.

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Engineering Controls

- What they do: Eliminate hazards at their souce
  - Examples:
    - Autoclaves
      - The autoclave allows steam to flow around each article placed in the chamber. The vapor penetrates cloth or paper used to package the articles being sterilized. Autoclaving is one of the most effective methods for destruction of all types of microorganisms.
    - Self-sheathing needles
      - Safety Needle
    - Sharps disposal containers
      - a hard plastic **container** that is used to safely dispose of hypodermic needles and other sharp medical instruments, such as an needles and disposable scalpels.
    - Bio-safety cabinets
      - an enclosed, ventilated laboratory workspace for safely working with materials contaminated with (or potentially contaminated with) pathogens requiring a defined biosafety level.

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Engineering Controls

Examples include:

- Sharps with engineered sharps injury protection and needleless systems
- Sharps disposal containers that are located in patient rooms and treatment areas
- Hand washing facilities that are readily accessible to all employees who have the potential for exposure.

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Engineering Controls (Cont.)

- Alcohol based hand cleaners or gels for when hand washing facilities are not available
- Leak proof bags or containers with biohazard warning labels for placing specimens
- Biohazardous waste bags located in soiled utility rooms and patient care areas
- Appropriate equipment and procedures for sterilizing instruments

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Engineering Controls (Cont.)

Safer Medical Devices

The fact is, an estimated 800,000 health care workers are injured by sharps every year, with needlestick injuries accounting for 80% of these accidents, and most of them with hollow bore needles. Therefore, OSHA has updated their Bloodborne Pathogens Standard to include the use of safer medical devices.

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OSHA Bloodborne Pathogens Standards Regarding Needlestick and Sharp Injuries

On January 18, 2001, OSHA issues the final rule revision of the Bloodborne Pathogens standard as required by the federal Needlestick Safety and Prevention Act.

- Adding “Sharps with engineered Sharps Injury Protections” and “Needleless Systems”
- Modifying definition of “Engineering Controls”
- Imposing an annual review of the “Exposure Control Plan”
- Requiring employee input
- Maintaining a sharps injury log

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Engineering Controls

There are four basic types of sharps safety protection products:

1. Needleless Systems
2. Safer Needle Devices
3. Non-Needle Sharps Protection Devices
4. Sharps Disposal Systems

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Engineering Controls (Cont.)

Needleless System - is defined as a device that does not use needles for the collection of bodily fluids or withdrawal of bodily fluids…the administration of medication or fluids…[or] any other procedure involving the potential for occupational exposure to bloodborne pathogens due to injury from contaminated sharps.

Examples of such systems include jet injection systems that deliver medication through the skin without use of a needle and intravenous medication delivery systems that administer medications/fluids through a catheter port or connector site.

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Engineering Controls (Cont.)

Safer Needle Devices

Safer needle devices, also known as needles with engineered sharps safety protection, should be considered for the withdrawal of body fluids, accessing a vein or artery, and during the administration of fluids or medications. These devices have safety controls that reduce injury before, during and after use. These safety controls can be active or passive, integrated or accessory.

Examples include needles or syringes with a sliding sheath, needle guards with hinged recapping capabilities, and retractable, recessed or protected needle system.

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Engineering Controls

- A **passive** safety feature is automatic – there is nothing needed to be activated.
- An **active** feature requires the worker to activate the safety mechanism to achieve full protection.
- **Integrated** safety features are built-in and cannot be removed.
- An **accessory** feature must be attached or fixed to the needle after use.

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Engineering Controls

In general, properly-designed safer needle devices:

- Provide a barrier between the hands and the needle after use
- Require that the worker's hands remain behind the needle at all times
- Have built-in safety features that cannot be removed
- Are simple and easy to operate
- Have a transport position
- Have a permanent lock out position
- Do not interfere with patient care

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Engineering Controls

Non-Needle Sharps Protection Devices

- Non-needle sharps, such as laboratory supplies or surgical instruments, when used, should also have engineered sharps injury protection.
- According to OSHA, there are almost 300 injuries each year due to the breakage of glass capillary tubes.

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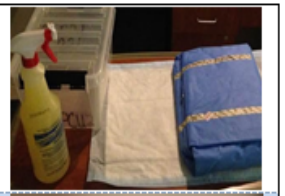
POINT OF CARE INSTRUMENT PRE-CLEANING SUPPLIES

- Prepzyme® Forever Wet
- Clean plastic rigid container lined with a plastic bag and turn over the "Clean" label to the "Biohazard" side.



- Clean Hands and put on clean gloves.
- Open any hinged instruments.
- Remove any gross contaminate from instruments using a wet gauze pad. (DO NOT USE DISINFECTANT WIPES)

- Carefully place instruments inside the plastic bag, inside the plastic rigid container labeled Biohazard.
- Remove soiled gloves, clean hands, and put on clean gloves.
- With Prepzyme® Forever Wet spray all surfaces of the instruments using 5-6 sweeping sprays.

DO NOT WASH or RINSE INSTURMENTS AFTER PREPZYME

- Close the bag and securely close container lid.
- Remove gloves and clean hands.
- Ensure BIOHAZARD is displayed before leaving the room.

- Transport the SMALL rigid container to soiled utility room (Do not wear gloves in the hall)
- Place small transport container into larger CS Transport Container

- With clean gloves on, carefully open lid and bag and spray instruments again with Prepzyme® Forever Wet using 5-6 sweeping sprays.

DO NOT WASH or RINSE INSTRUMENTS AFTER PREPZYME

- Arrange for container to be transported to Central Sterile.

Instrument Point of Care Pre-Cleaning

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Engineering Controls

Sharps Disposal Containers

- Sharps disposal containers should be rigid, puncture resistant, leak proof and properly labeled.
- Under no circumstances should contaminated reusable sharps be stored or cleaned in a manner that requires you to reach by hand into a container.

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Engineering Controls

Front Line Employee Input

OSHA requires that input be sought from front line employees in the identification, selection and evaluation of effective controls, including safer needle devices and needleless systems, as part of an annual review of the exposure control plan.

We solicit your input through evaluation forms for each new safety device product that we trial.

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Personal Protective Equipment

The employer shall provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.

- Employers must clean, repair, and replace this equipment as needed.
- Provision, maintenance, repair and replacement are at no cost to the worker.

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Personal Protective Equipment

- Types:
  - Gloves
  - Gowns
  - Aprons
  - Masks
  - Goggles/Face Shield
  - Other - appropriate to work situations
- Proper Use
- Location
- Removal
- Handling
- Decontamination
- Disposal

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Basis for Selection of PPE

- Institutional Policy and Procedure
- Employee Judgment Regarding Potential Risk
- Employee Responsibilities
- Employee Compliance

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Personal Protective Equipment

Rules for Use:

- Use it every time
- Use the right amount
- Use it correctly- you must be trained
- Make sure it fits properly
- Replace if torn or contaminated
- Remove before leaving the work area
- Dispose in proper receptacle

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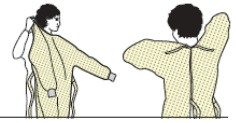
DON and DOFF PPE Correctly

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

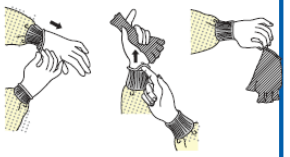
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glovet
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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Prevention/Employee Health

- Your risk of contracting HBV, HCV, or HIV with an exposure to infectious materials:
  - HBV is as high as 30 percent
  - HCV is as high as 6 percent
  - HIV is only 0.4 percent

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Hepatitis B Vaccine

- Vaccine is SAFE
- Vaccine in EFFECTIVE
- Preferred Schedule of Administration
  - <18 Years of age: 3 doses, 1st shot at birth or ASAP, then at one month and 6 months.
  - ≥18 Years of Age – 2 doses 1month apart (Offered here)
- Consent and Decline Waiver Forms must be completed
  - If you decline – you can change your mind at any time

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Hepatitis B Vaccine

- **Decrease your risk of contracting HBV with the Hepatitis B vaccine:**

- After three **Intramuscular injection** doses of **hepatitis B vaccine (Engerix-B)**, more than 90% of healthy adults and more than 95% of infants, children, and adolescents (from birth to 19 years of age) develop adequate antibody responses.
- Studies indicate that immunologic memory remains intact for **at least 20 years** among healthy vaccinated individuals who initiated Hepatitis B vaccination >**6 months** of age.
- After two **Intramuscular injection** doses of **hepatitis B vaccine (HEPLISAV-B),** studies reveal >95% of vaccinated individuals had protective immunity.

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Procedure for Exposure

In case of exposure:

Do not panic!

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Procedure for Exposure

ACTIONS:

1. Immediate Self Care

- Wash injured area with soap and warm water for at least 15 seconds.
- Flush mucus membranes with water.

2. Contact Immediate Supervisor

- Report to your immediate supervisor and report off on the status of where you are with your current care and/or duties.

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Procedure for Exposure

ACTIONS:

3. Complete an Employee Event in Safety Portal

Make out a detailed Incident Report indicating exactly who, where, what, when, why & how it happened. Ex: “I was stuck after giving an injection to a high-risk patient (if known, give patient’s name) with a history of IV drug use and multiple sexual partners, with a 3cc, 20 gauge 1-1/2” BD safety glide syringe prior to activation of the safety feature.”

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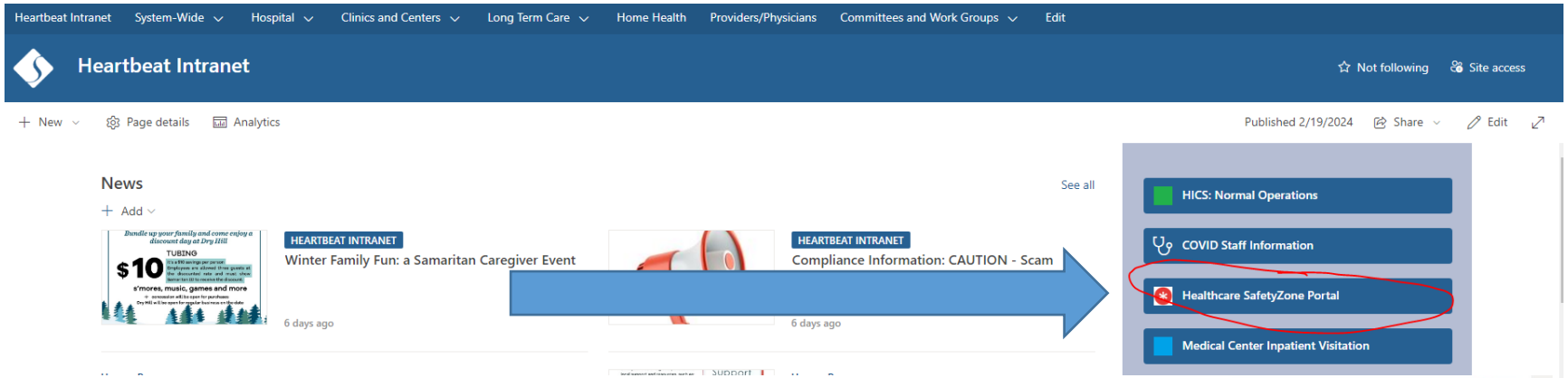
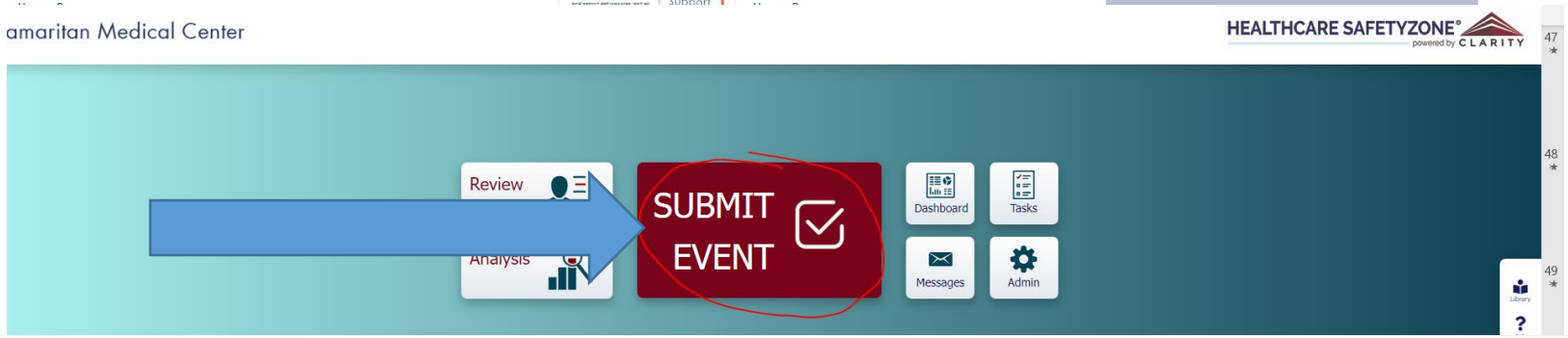
Healthcare Safety Zone Portal:

Performance Improvement Electronic Incident Reporting

Link is located on Heartbeat Page





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Procedure for Exposure

4. Report to the Emergency Department within 1 hour for assessment and treatment.

- QMP to assess if the exposure was high or low risk and if the source patient was high or low risk.
- Source patient testing will be completed if the patient is known and agrees to testing.
- If you consent, you will be provided with:
  - Confidential medical evaluation
  - Blood Tests
  - Post-exposure preventive treatment that is available
  - Follow-up counseling

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Actions to Take

Medical Follow-up Services through Employee Health Service or Urgent Care

- We have rapid HIV testing available. If you consent you may be tested after counseling has been completed. Your results will be your baseline. If the source patient accepts testing, s/he will be tested after counseling, and the results need to go to Employee Health, so EH may follow up with you re: whether you need to take chemoprophylaxis.
- You will have an initial follow-up visit with EH, and based on their assessment of the injury, further management decisions will be discussed at that visit.
- A written summary of your visit may be sent to your primary care physician.

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NYSDOH REQUIRES DOCUMENTED VERBAL CONSENT TO PERFORM HIV TESTING

Each time testing is performed

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CONFIDENTIAL HIV RELATED INFORMATION

Your results will be permanently stored in your Employee Health file.
Results will only be released
to those you designate
as authorized.

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Review: Procedure to Follow for Exposure

1. Clean exposed area – soap & water or flush mucus membranes
2. Notify Supervisor & Report to relief staff
3. Enter event into Safety Portal (on Heartbeat)
4. Report to ED for evaluation & treatment

- Medical Follow-up includes:
  - Initial Visit
  - Periodic Follow-up Visits
  - Testing
- Employer Responsibility
  - Testing
  - Treatment
  - Counseling
- Written Evaluation Summary

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Use labels and signs to communicate hazards

Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or **other potentially infections material** (OPIM); other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard.

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Warning Labels

Warning labels designate contamination with potentially infectious materials.

Watch for warning labels on:

- Bags and containers
- Equipment
- Doors of rooms that house research and production

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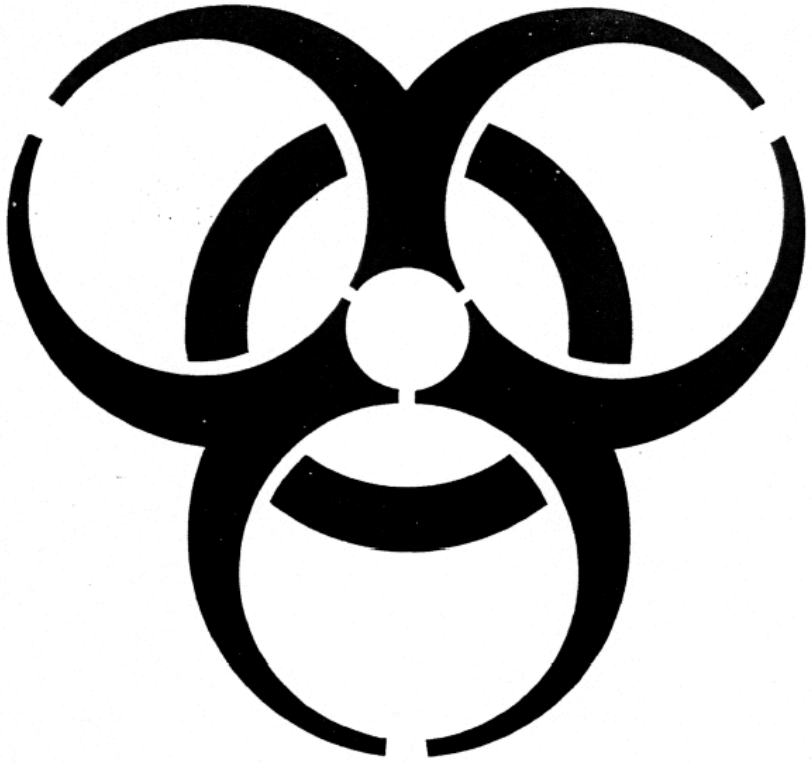
BIOHAZARD



This is a universal sign

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Regulated Medical Waste Defined

WASTE CLASS:	DESCRIPTION:
1. Cultures and stocks	Cultures and stock of infectious agents and associated biologicals, including: cultures from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories; waste from the production of biologicals; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate and mix cultures
2. Pathological wastes	Human pathological wastes, including tissues, organs, body parts and body fluids that are removed during surgery or autopsy, or other medical procedures and specimens of body fluids and their Containers.
3. Human blood and blood products	➢Liquid waste human blood. ➢Products of human blood. ➢Items saturated and/or dripping with human blood, or ➢Items that were saturated and/or dripping with human blood that are now caked with dried human blood, including serum, plasma, and other blood components, and their containers, which were used or intended for use in either patient care, t4esting and laboratory analysis or the development of pharmaceuticals. Intravenous bags are also included in this category.
4. Sharps	Sharps that have been used in animal or human patient care or treatment, or in medical, research or industrial laboratories, including hypodermic needles, syringes (with or without the attached needle). Pasteur pipettes, scalpel blades, blood vials, needles with attached tubing and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.
5. Animal waste	Contaminated animal carcasses, body parts and bedding of animals that were known to have been exposed to Infectious agents during research (including research in veterinary hospitals), production of biologicals, or testing of pharmaceuticals.

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Regulated Medical Waste Defined

WASTE CLASS:	DESCRIPTION:
6. Contact wastes	Wastes from surgery or autopsy that were in contact with infectious agents, including soiled dressings, sponges, drapes, lavage tubes, drainage sets, under pads and surgical gloves.
7. Laboratory wastes	Laboratory wastes from medical pathological, pharmaceutical or other research, commercial, or industrial laboratories that were in contact with infectious agents, including slides and cover slips, disposable gloves, laboratory coats and aprons.
8. Dialysis wastes	Dialysis wastes that were in contact with blood of patients undergoing hemodialysis or renal dialysis, including contaminated disposable equipment and supplies such as tubing, filters, disposable sheets, towels, gloves, aprons and laboratory coats.
9. Isolation wastes	Biological waste and discarded materials contaminated with blood, excretion, exudates or secretions from humans who are isolated to protect others from certain highly communicable diseases, or isolated animals known to be infected with highly communicable diseases.
10. Unused sharps	The following unused, discarded sharps: hypodermic needles, suture needles, syringes and scalpel blades.

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- Thank you for your attention.
- Please proceed to “Take the Test”

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