Employee Health and Safety

New Resident Orientation
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Objectives

• Learn about the Employee Health Service

• Understand the health hazards associated with blood borne pathogens exposures (BBP)

• Know what to do if you sustain a BBP exposure
Employee Health Service (EHS)

**Mission:** To keep UMMHC employees, faculty, residents, students, and volunteers healthy and safe in the workplace

**Services:**
- Preplacement examinations, drug screening, respirator clearance
- Immunizations (MMR, Td/Tdap, varicella, HBV, meningococcal, flu)
- Treatment of work related injuries and illnesses
- Return to work evaluations
- Fitness for duty evaluations
- Medical surveillance

*EHS does not provide Primary Care Services*

*All information confidential and kept in separate medical record (SYSTOC)*

Infection Control

Policy 5025 outlines the EHS infection control practices for workforce members

- **Hand and Skin Integrity:** employees with open wounds, cracked skin, cuts or lacerations, sutures/glue, large bandages, splints or casts must avoid direct patient care until skin is intact; requires clearance by EHS

- **Communicable Diseases:** employees with severe colds, influenza, GI/N/V, skin infections, other potential infectious diseases require clearance by EHS

- **Exposures to Blood Borne Pathogens (BBP):** require evaluation in EHS or ED
Blood Borne Pathogens (BBP)

- Microorganisms that cause disease in humans

- Present in blood and other potentially infectious body fluids including:
  - semen; vaginal secretions; cerebrospinal fluid; pleural, synovial, peritoneal or amniotic fluid; breast milk; unfixed tissues or organs; other fluids visibly contaminated with blood

Diseases Transmitted by BBP

- Hepatitis B
- Hepatitis C
- HIV
- Gonorrhea
- Herpes
- Syphilis
- Ebola
- Malaria
- M. Tuberculosis
- Scrub Typhus
- Sporotrichosis
- Toxoplasmosis

- Brucellosis
- Blastomycosis
- Cryptococcosis
- Diptheria
- Leptospirosis
- CMV
- Arboviral Infections
- Viral Hemorrhagic Fever
- Relapsing Fever
- Rocky Mountain Spotted
- Streptococcus Pyogenes
- Staphylococcus Aureus
Transmission of BBP

• Modes of transmission of BBP:
  • Sharps injuries (needles, scalpels, broken glass, razors)
  • Blood contact with open cuts or abraded skin
  • Human bites
  • Splashes to mucous membranes (eyes, nose, mouth)

• Urine, feces, vomit, tears, sweat, sputum, nasal secretions not typically considered sources of BBP unless visibly contaminated with blood

• Percutaneous route of exposure carries greatest risk

Incidence

• Exact number of exposures to BBP in HCW unknown; per CDC estimated at >1,000 per day nationwide; likely underestimated as >50% don’t report

• UMMMC (1/1/2018 - 12/31/2018): reported sharps injuries
  Residents: 63 (27 thus far in 2019)
  Medical Students: 8 (1 thus far in 2019)

• Common causes: not activating safety device, collisions, recapping
Prevention of BBP Exposures

Studies show 80-90% of BBP exposures can be prevented with standard precautions, safer work practices, safer medical devices

Prevention of BBP Exposure at UMMHC

Abides by OSHA BBP Standard (29 CFR 1910.1030) and Needlestick Safety & Prevention Act

1. Maintain log of all exposures including separate sharps log
2. Investigate exposure incidents
3. Implement methods to control exposure (safety devices, standard precautions, PPE, housekeeping practices, laundry services, regulated medical waste control)
4. Hepatitis B vaccination
5. Post-exposure evaluation and follow-up
6. Communication of hazards to employees
7. Education/Training
8. Record Keeping
Personal Protective Equipment

- All patients blood and bodily fluids should be treated as if infectious
- PPE: gloves gowns, goggles/safety glasses, face shields, masks, head coverings, booties
- Goggles available for free in EHS
- Double glove for high risk procedures
- Remove and replace torn or punctured PPE
- Properly dispose of PPE

Safer Work Practices

- Proper and timely hand washing
- Minimize splashing/spraying
- Proper disposal of sharps and needles
- Emptying sharps containers when 3/4th full
- No recapping/draw up several syringes for anesthesia administration
- No loading/repositioning needle by hand
- No shearing/breaking needle
- Do not leave needle on operating
- Do not pass needle hand to hand
- Do not tie tissue with needle still attached
- Do not sew towards surgeon or assistant who is holding back tissue
- Handle sharp devices with care/safe loading
- Use mechanical device (forceps, pliers, broom, dustpan) to move or pick up needles
Safer Medical Devices

- Eliminate or reduce use of needles/sharps when possible; blunt suture needles

- Use medical devices with built in safety controls

- Examples: self-resheathing needles, needleless IV connectors

Got Stuck?

- Don’t Panic!

- Stop work as soon as possible

- Wash skin wounds, exposed nose or mouth for at least 5 minutes

- Flush eyes well with clean water, saline, or eye wash for at least 5 minutes

- Alert supervisor and report the injury; REPORT EVERYTHING!

- Call BUGS pager 77#2847; listen to entire message; will be instructed on what to do
Seek Immediate Medical Care

- In EHS, ED or UC; best within 2 hours of exposure
- Discard sharp, do not bring with you
- Be prepared to describe type device, brand name, mechanism of injury
- Complete UMMS Incident Report (OurNet--MEDSCHL Intranet--Policies and Procedures—HR--General Administration--Work-related Illness or Injury--Workers Comp Incident Report)
- Risk assessment will determine need for PEP; baseline/follow-up labs (per CDC)

Consenting Source Patients

- Cannot test source patient without consent; source must have capacity to consent
- Must wait 8 hours to obtain consent for source patient under sedation/anesthesia
- If you sustain an exposure, ask coworker/attending to consent source for you
- Valid and Invoked Health Care proxy allows patient agent to consent if patient unable
- Not permitted to consent deceased source patient; call Office of General Counsel
- To expedite results, order source labs as SOUR (includes HIV, HBsAg, HCV)
Summary

- EHS mission is to help keep you healthy and safe in the workplace
- Important to immediately report all work related injuries and illnesses
- Important to report all non work related potentially communicable infections
- Important to seek immediate medical attention following any exposures to blood or other potentially infectious body fluids

Employee Health Clinic

291 Lincoln Street, Suite 100
508-793-6400
Hours: 7am-5pm

Employee Health Clinic Nurse Triage: 774-303-5870

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