



Infection Control and Universal Precautions

What is Exposure?

Significant exposure to blood or body fluids is defined as:

1. Injury with a contaminated sharp object (e.g., needle sticks, scalpel cuts)
2. Spills or splashed of blood or body fluids into non-intact skin (e.g., cuts, hangnails, dermatitis, abrasions, chapped skin) or into mucous membrane (i.e., mouth, nose, eyes)
3. Blood exposure covering a large area of apparently intact skin.

Here us a list of examples of exposures.

1. Getting blood or body fluids in cuts or in any breaks in your skin, or in skin sore or on large areas of skin.
2. Getting blood or body fluids in your eyes, mouth, or nose.
3. Getting cut or stabbed with any needles or sharp instruments which were used on a client.
4. Getting cut on the broken glass that was used to hold blood, body fluids, or human tissue (glass tubes, blood collection tubes, bottles, jars, etc.)

What is NOT Exposure?

1. Handling food trays or furniture.
2. Handling assistive devices or wheelchairs with clients.
3. Using public bathrooms or telephones.
4. Personal contact with clients such as shaking hands, giving information to, touching intact skin when bathing intact skin or giving a back rub.
5. Doing clerical or administrative duties for a client.

Universal Precautions

Universal precaution apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; 4) mucous membranes. Universal Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Here are some Universal Precautions:

1. You must wear gloves (clean, nonsterile gloves) if you touch blood, body fluids mucous membranes or human tissue of any client. To touch a client's skin that is broken or cut, wear gloves. Gloves must be worn when cleaning and debriding a surgical incision or open wound, while performing any EMG/NCV diagnostic testing procedures – such as venipuncture. You must wear gloves when touching any surface or object which is reasonably anticipated to be contaminated even if not visibly contaminated, such as the outside of clients specimens. Always change gloves when they are torn. Always change gloves after contact with each client. Always remove contaminated gloves before touching clean items such as door knobs, light switches, etc. Always wash hands immediately after taking gloves off. Do NOT wash or disinfect surgical or examination gloves for reuse. Do not use non-intact or discolored gloves.
2. When mucous membrane (i.e., mouth, nose, or eyes) come in contact with blood or body fluids, you must flush (irrigate) them with large amounts of water. If you have blood or body fluid splashed into a skin cut, skin puncture or skin lesion, first wash the area with soap and water for at least 10 seconds, then put 70% isopropyl alcohol on the area. You must report any exposure that occurs either as a part of your job or through an emergency outside the scope of your job to the company as soon as possible. Follow the same procedures used for incident reporting. A copy of the Infection Control Form can be found at the end of this worksheet.
3. Do not eat, drink, apply cosmetics, lip balm or handle contact lenses in work areas where there is a potential for occupational exposure to blood or body fluid contaminated surfaces or objects.
4. Wear fluid resistance gowns or plastic aprons if soiling of clothes with blood or body fluids is likely.
5. You must wear a mask and eye protection or a face shield if spraying, splashing, or splatter to your face is possible. Minimal facial protection would consist of a surgical mask and eye glasses with solid side shields. Eyeglasses without side shields are never acceptable for the purpose of protection.
6. All personal protective equipment (gloves, masks, eye protection, and fluid resistant gowns or aprons) shall be removed immediately upon leaving the work area and placed in a designated container for washing or disposal. If contaminated, personal protection equipment should be removed immediately or as soon as feasible. If a pullover item is contaminated, remove it in a way that contamination of head or face does not occur. If this is not feasible, then pullover item should be cut off with scissors.
7. CPR masks are essential when performing mouth-to-mouth resuscitation, and are available at the clinic. Gloves, CPR masks, and proper hand washing are essential.
8. Handle anything sharp with care to prevent accidental cuts or punctures. Do not recap, bend or break used disposable needles. Discard all sharp items immediately by placing them in a puncture-resistant needle box or a puncture-resistant contaminated materials container (CMC). Broken glassware that may be contaminated shall not be picked up directly with the hands. Use a mechanical device such as brush and dustpan, tongs or forceps. Remove vacutainer needles only from clean vacutainer holders. Use the needle removal device to do this. Do not remove needles from visibly bloody vacutainer holders. Discard both holders and needles if they are visibly bloody. Needle boxes and CMCs should be closed when nearly full. They should never be allowed to become overfilled. They should also never be placed above eye level.

9. Clean blood or body fluid spills promptly. Wear gloves and use a freshly made dilution of one part chlorine bleach to 9 parts water to clean a spill. Place paper towels over spill. Flood the spill area with bleach dilution. Leave on for 10 minutes. Discard the paper towels in a contaminated materials container.
10. All clients' specimens may be contaminated on the outside of the container and must be handled with gloves. Place them inside plastic bags before sending them to a laboratory. Be careful not to contaminate the outside of the plastic bag by handling it with potentially contaminated gloves. If the container is enclosed in a clean dry plastic bag, gloves need not to be used for handling the bag. Do not send soiled containers to a laboratory. Do not place food or drinks in refrigerators, freezers, cabinets or other areas where any client's specimens are placed/stored.
11. A provider should report to the company if you have a draining skin cut or sore. You must report before you take care of any clients or touch client care equipment. If there is a question about a provider's ability to safely care for clients, they should be cleared through the company. Cover any non-draining lesions with waterproof dressing before entering the client's home environment.
12. Laundry visibly soiled with blood or body fluids must be handled with gloves. All laundry must be placed in a fluid proof bag. Do not place laundry in a red bag. If the outside of the bag is visibly soiled with blood or body fluids, the bag must be placed inside another bag. If personal clothing becomes contaminated with blood or other potentially infectious material, it cannot be taken home until it is laundered or disinfected.
13. To get rid of large quantities of blood or body fluids, carefully pour them down a toilet. The drain connects to a sewer system. If splash or splatter is likely, you must wear protection for your eyes and a mask or a face shield. You must also protect your clothes, wear a fluid resistant gown or apron. Place small, closed samples of blood in a puncture-resistant contaminated materials container. **DO NOT SQUIRT IT IN!**
14. **Any materials or items visibly contaminated with blood, body fluids or human tissue must be put into a contaminated materials container (CMC).** A CMC must be available at your work site if you work with contaminated materials.
15. The following policies and documents are available for your review at the office of the company. A copy of any or all of the following policies or documents is available to you upon request.
 - a. Occupational Exposure Training Policy
 - b. Hepatitis B Vaccine for Employees Policy
 - c. Blood Borne Pathogens Exposure Control Plan Policy
 - d. Provision of Personal Protective Equipment Policy
 - e. CPL 2-2.60 – "Exposure Control Plan for OSHA Personnel with Occupational Exposure to Blood Borne Pathogens."
 - f. Federal Register, "Blood Borne Pathogens Regulatory Text", OSHA Standard 1910.1030

Standard Precautions to practice:

1. Personnel will wear gloves for contact with mucous membranes, non-intact skin and moist body substances for all clients. Wash hands after removing gloves and use clean gloves with each client.
2. Gowns, masks and protective eyewear are to be worn in addition to gloves during procedures where splashing or splatter of bodily fluids may occur.

3. Gloves are to be worn for collecting, transporting and processing of all lab specimens.
4. Environmental cleaning will be performed routinely after each clients use.
5. Needles and sharps are to be disposed of, uncapped in a rigid impervious container.
6. For infectious waste disposal, refer to the posted "Infectious Waste Policy."

Rationale

1. Personas of all ages and backgrounds may be carries of the AIDS virus. IN addition, the majority of organisms associated with nosocomial infections are commonly found in faces, airways secretions, blood, urine, and wound drainage. Category specific isolations is usually initiated only after a diagnosis is made. Emphasis is placed on transmission of pathogens via hands of personnel.
2. Gowns protect clothing from soiling; clothing has rarely been known to be associated with transmission of infectious agents. Masks protect mucous membrane of the wearer as well as prevent droplet transmissions to active clients. Private rooms offer additional barriers for airborne disease transmission.
3. Lab specimens treated in an identical manner addresses the issue of unknown cases as well as known cases.
4. The environment of all clients should be treated in the same manner. If soilage is present, it should be cleaned promptly. When the client is discharged, their environment should be cleaned with the same attention to detail that would be used if the client was known to have an infection.
5. Most needle stick injuries occur during the recapping process. Blood borne pathogens are a threat to health care workers via needle stick injuries.

Droplet Precautions

Droplet transmission involves contact of the conjunctivae or the mucous membrane of the nose or mouth of a susceptible person with large-particle droplets larger than 5 um in size containing microorganisms generated from the respiratory tract of a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy.

Transmission via large-particle droplets requires close contact between source and recipient persons, because droplets do not generally travel long distances through the air, special air handling and ventilation are not required to prevent droplet transmission. The area of infectious risk has traditionally been defined as a distance of 1 m (3 feet) around a patient, although the distance traveled varies by pathogen type. For this reason, droplet precautions are used on entry into a patient's room for conservative measures.

1. Wash your hands before and after interacting with the patient.
2. Wear a face mask and eye protection or a face shield. Prescription glasses do not count and won't protect your eyes.
3. Wear gloves. Remember to remove the gloves before removing mask or eye protection to prevent contamination.

4. Gowns should be worn during procedures where splashing or splatter of bodily fluids may occur.

Airborne Precautions

Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue [5 μm or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles [5 μm or smaller in size] containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; special air handling and ventilation are required to prevent airborne transmission.

Airborne precautions are required whenever entering a patient's room or environment who has been diagnosed with or is being tested for any pathogen that can be transmitted through airflow that are 5 micrometers or smaller in size and remains in the environment for long periods of time.

1. Wash your hands before entering and when leaving the patient's room.
2. Wear gloves and PPE gown when entering patient's room and/or environment.
3. Wear a N95 or higher level respirator before entering the patient's room. Remove respirator after exiting the room and closing the door.
4. Door to room must remain closed.



Infection Control Form

EXPOSURE REPORT

Date of Incident: _____ Time of Incident: _____

Employee's Name: _____

Client's Name: _____

Client's Address and Phone Number: _____

Description of Incident:

Potentially Infectious Material involved (e.g. blood etc.):

Source of Exposure (e.g. needle-stick, cut, bite etc.):

Route of Exposure (e.g. under-the-skin, unprotected skin, eyes, nose, mouth etc.):

Personal Protective Equipment Worn at Time of Incident:

Actions Taken at Time of Incident (e.g. soap/water, cleanup, reporting to supervisor etc.):

Date reviewed by Risk Management Committee: _____

Recommendations for Avoiding Repetition: _____
