

DOCTORS COMMUNITY HOSPITAL
HOSPITAL POLICY/PROCEDURE

SUBJECT: STANDARD PRECAUTIONS

POLICY NUMBER: 2.54

PROTECTION OF HEALTHCARE WORKERS
AGAINST BLOOD-BORNE DISEASES

DATE: May 2008

Executive Management
Prepared by/Department

SUPERSEDES POLICY
DATED: March 2004
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President

Approved by/Title

POLICY

- 2.54.1 Standard (Universal) Precautions will be used to prevent the transmission of pathogens which may be found in blood, body fluids, non-intact skin and mucous membranes.
- 2.54.2 Standard (Universal) Precautions require that barrier protection (gowns, gloves, masks, face shields, goggles or other protective equipment depending on activity, etc.) must be used whenever there is a possibility of health care worker exposure to blood or body fluids or contact with non-intact skin or mucous membranes of any patient.
- 2.54.3 Standard (Universal) Precautions are used with every patient regardless of their diagnosis or isolation status.
- 2.54.4 These precautions are recommended by the Centers for Disease Control and required by the Occupational Safety and Health Administration (OSHA) as stated in the Bloodborne Pathogen Standard of 1991 and OSHA'S 2001 Updated Compliance Directive.

PROCEDURE

- 2.54.5 Standard (Universal) Precautions 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; and (4) mucous membranes.
- 2.54.6 Standard (Universal) Precautions are designed to reduce the risk of transmission of microorganism from both recognized and unrecognized sources of infection in the hospital.

Personal Protective Equipment
- 2.54.7 Personal Protective Equipment (gowns, gloves, masks, goggles, face shields, booties, caps, etc.) necessary for health care worker protection is readily available in all clinical areas and in appropriate sizes for staff use.
- 2.54.8 Personal Protective Equipment is available in all patient care areas. It is routinely stocked in carts---i.e., supply carts, isolation carts, crash carts, intubation carts, respiratory carts and as a stock item in unit-designated storage areas where exposure is anticipated--i.e., the autopsy suite, Emergency Department Trauma area, Critical Care Units, Surgical Services and procedure suites.

2.54.9 Personal Protective Equipment is removed prior to leaving the clinical work area.

Soiling of Uniform

2.54.10 Uniforms which are inadvertently soiled with blood or body fluids will be removed at once, taking care to avoid contact with the face during removal. Cutting the uniform from the body may be necessary to insure that exposure to mucous membranes of face is avoided.

2.54.11 The Administrative Nursing Supervisor is notified and arranges for scrubs to be provided.

2.54.12 The soiled uniform, if salvageable is put by itself into a large clear plastic bag and hand carried to storeroom manager or designee. The bag must be clearly labeled "Special Linen" and include a description of the clothing contents and the employee's name and department.

2.54.13 The Linen facility will process the uniform. It will be returned to the Administrative Nursing Supervisor for distribution to the employee.

Gloves

2.54.14 Gloves will be worn routinely whenever there is a potential for hand contamination with blood, body fluids, non-intact skin or mucous membranes or equipment or surfaces in contact with or contaminated with these substances. Gloves will be changed between patients. Hand hygiene will be performed after the removal of gloves.

2.54.15 Gloves, in multiple sizes, are available in all clinical areas. Special gloves and/or glove liners are available for those who are latex or chemical sensitive.

Gowns

2.54.16 Gowns or plastic aprons are indicated if contact or splattering with blood or body fluid is likely.

2.54.17 Should regular duty clothes become inadvertently contaminated with blood or body fluids, they will be removed at once, cutting if necessary to avoid contact with the mucous membranes of the employee's face. The contaminated area(s) will be washed well with soap and water. Alternative duty clothes (scrub suits) will be supplied by the Administrative Nursing Supervisor.

Masks and Protective Goggles

2.54.18 Masks and goggles or face shields will be worn if instrumentation or medical procedures are likely to cause aerosolization or splattering of blood or body fluids such as when performing endoscopy, bronchoscopy, certain dental procedures, when inserting chest tubes, CVPs, and A-lines; when irrigating wounds and tubes, when suctioning patients, during post-mortem exams, or when performing any procedure where there is likelihood of coming in contact with blood or body fluids.

Mouth-to-Mask Ventilation Equipment

- 2.54.19 No mouth-to-mouth resuscitation will be performed.
- 2.54.20 Mechanical devices such as bag-masks, mouthpieces, pocket masks or other ventilation devices are required for resuscitation attempts to prevent exposure to blood or body fluids.
- 2.54.21 Ventilation devices (CPR masks or bag-masks) are readily available in patient rooms, in isolation carts, in crash carts, and in high-risk areas where the potential for cardiopulmonary arrest is likely---e.g., SICU, MICU, IMCU, PACU, ER, Dialysis, Radiology, Cardiology, Physical Therapy, Procedure Rooms, etc..

Hand Hygiene

- 2.54.22 Employees have responsibility for preventing infection by maintaining hand hygiene---either by hand washing with soap and water or using alcohol-based hand rubs. Improved adherence to hand hygiene has been shown to reduce the transmission of pathogens and reduce overall infection rates.

Hand Hygiene means the use of an antiseptic agent on the skin to reduce the number of microbial flora on the hands. Antiseptic agents include plain soap, detergents containing an antimicrobial agent such as chlorhexidine, triclosan, chloroxylenol (PCMX), or an alcohol-based hand rub.

Some situations require that Hand Hygiene be done by handwashing with soap (plain or antimicrobial) and water. Hands must be washed with soap and water when:

1. Hands are visibly dirty
2. Hands or gloved hands are visibly soiled with proteinacious material like blood or other body fluids
3. Before eating
4. After personal hygiene activities

Hand Hygiene may be performed with an alcohol-based hand rub if the hands are not visibly soiled. An alcohol-based hand rub should be used routinely for decontaminating hands in the following clinical situations:

1. Decontaminate hands before having direct contact with patients
2. Decontaminate hands before donning gloves for insertion of urinary catheters, peripheral vascular devices, or other invasive devices that do not require a surgical procedure
3. Decontaminate hands after contact with a patient's intact skin, i.e., when taking a pulse, or blood pressure, lifting a patient, etc..
4. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care
5. Decontaminate hands after contact with inanimate objects, including medical equipment, in the immediate vicinity of the patient.

6. Decontaminate hands after removing gloves (if gloves are not visibly soiled with blood or body fluid).
7. Decontaminate hands after removal of PPE

Sharps Management

- 2.54.23 Needles, syringes, vial adapters, scalpels/blades, glass slides and any other sharp instruments will be considered potentially infectious and handled with extraordinary care. Used needles should not be disconnected from the syringe, bent, broken, cut, recapped, or unnecessarily handled prior to disposal.
- 2.54.24 Sharps will be discarded intact immediately after use into a rigid, puncture-resistant, leakproof (when maintained upright) sharps container. Failure to dispose of sharps in the appropriate manner will result in disciplinary action, possible suspension, or discharge, based on the severity of the incident.
- 2.54.25 Sharps containers are located as close as practical to the area of use. Sharps containers are sealed and replaced when the "fill" line is reached.

All staff members share in the responsibility for maintaining sharps containers in a safe and usable condition.

Sharps containers which have reached or exceeded the "fill" line are unsafe and a hazard to subsequent users.

A Contract Service changes out the sharps containers periodically. However, sharps containers, depending on the patients treated in a certain area, may reach the "fill" line before the Contract Service is available to replace the sharps container.

When a sharps container is found to be at or above the "fill" line, the discovering staff member is to call EVS for an immediate replacement. If the staff member is unable to make this call, he/she must notify their immediate on-duty supervisor who will arrange for the immediate replacement of the over-filled sharps container.

Full sharps containers, which must be removed by EVS or other staff, are sealed with the red cap before being moved from the wall safe. Sharps containers are handled by the built in handles and carried away from the body during transport. Sharps containers are maintained in an upright position at all times.

- 2.54.26 To prevent unauthorized access in public areas, sharps containers are of a tamper-resistant design, and must either be locked to a mounting device attached to a structure or located in an area which is under continuous supervision.
- 2.54.27 Free-standing floor sharps containers must be in a stand or dolly to prevent accidental tip over.

Safety Devices

- 2.54.28 Staff is required to use safety devices such as the needleless IV system, needleless vial adaptors, self-sheathing needles, safety cannulas, safety butterfly needles, and safety vacutainers whenever

possible to reduce risk of bloodborne pathogen exposure. Failure to use available safety devices will result in disciplinary action, possible suspension, or discharge, based on the severity of the incident.

New safety devices are brought to the Value Analysis Team for evaluation as they become publicly available or annually at a minimum. Safety devices are trialed and recommended by clinical staff prior to being implemented in the facility.

Blood Spill Cleanup

- 2.54.29 Clinical staff may clean up blood or body fluids spills of five mls (two inches in diameter) or less. Environmental Services will be notified for spills over five mls (two inch diameter) and EVS personnel will clean up the spill. Environmental Services personnel are available 24 hours a day.
- 2.54.30 Blood spills or body fluid spills will be cleaned up promptly with Sanimaster IV (to remove organic debris) followed by a 10 minute application of Sanimaster IV or a 1:10 solution of 5.25.% sodium hypochlorite. (Mix one part household bleach to nine parts water.) If a 1:10 bleach solution is used, it must be prepared fresh each day and used within 24 hours. A two minute application of Dispatch (0.55% NaOCl [5500 ppm]) may be used in place of the second application of Sanimaster IV or the 1:10 bleach solution.
- 2.54.31 The disinfection of the area must be done by a disinfectant registered with the United States Environmental Protection Agency with a label claim for tuberculocidal activity such as Sanimaster IV, a solution of one part household bleach to nine parts water, or Dispatch.
- 2.54.32 Broken glassware which may be contaminated with blood or body fluid shall not be picked up directly with the hands. A mechanical device such as tongs, forceps or a brush and dustpan will be used to prevent injury and contamination of the hands.
- 2.54.33 Personnel Protective Equipment (PPE) appropriate to the size of the spill (gloves at a minimum) is used during spill cleanup.
- 2.54.34 Small blood spills (< 5 mls) may be cleaned with Sanimaster IV followed by disinfection with 70 % isopropyl alcohol, or a two minute application of Dispatch.

Alternatively, a small blood spill (<5 mls) may be cleaned with a PDI Super Saniwipe, and when visibly clean, disinfected by wiping with a new PDI Super Saniwipe. The surface must stay wet for at least 2 minutes and allowed to air dry.

Blood-Soiled Articles

- 2.54.35 All dressings, OR sponges, or any disposable item contaminated with visible blood, is considered potentially infectious and disposed of as special medical waste.
- 2.54.36 Equipment and non-disposable items soiled with blood or body fluids will be placed in a clear plastic bag and sent to Instrument Processing and Sterilization (IPS) for reprocessing before next patient use.

Eating and Drinking in the Workplace

- 2.54.37 Eating, drinking, smoking or applying cosmetics or lip balm and handling contact lenses are prohibited in clinical areas. All eating and drinking will be done in "break rooms".
- 2.54.38 Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other infectious materials are present. Food and drink are kept in refrigerators designated for employee use in "break rooms".

Post-Exposure Management

- 2.54.39 All percutaneous, mucous membrane or skin exposure to blood or body fluids is immediately reported to the Employee Health Nurse (regular duty hours) or the Administrative Nursing Supervisor (off shifts). An Employee Incident Trending Report is completed.
- 2.54.40 The employee receives counseling and is offered Post-Exposure Follow-up. Post-exposure Antiretroviral Prophylaxis is offered, if indicated, in accordance with the Public Health Service Recommendation (See Hospital Policy 2.68, Antiretroviral Post-Exposure Prophylaxis).
- 2.54.41 Necessary follow-up is managed by the Employee Health Nurse in collaboration with the Infection Control Practitioner and the Medical Director.

Health Care Worker Training

- 2.54.42 Education on Standard (Universal) Precautions and the Bloodborne Pathogen Standard is provided to all hospital employees at time of hire (required orientation training) and at least annually (required Mandatory Day training).
- 2.54.43 The education is provided by the Employee Health Nurse and the Infection Control Practitioner and an online teaching program, Health Streams. Additional training is available by request.
- 2.54.44 Unit-specific training is provided by unit managers or their designees during unit orientation and as needed.