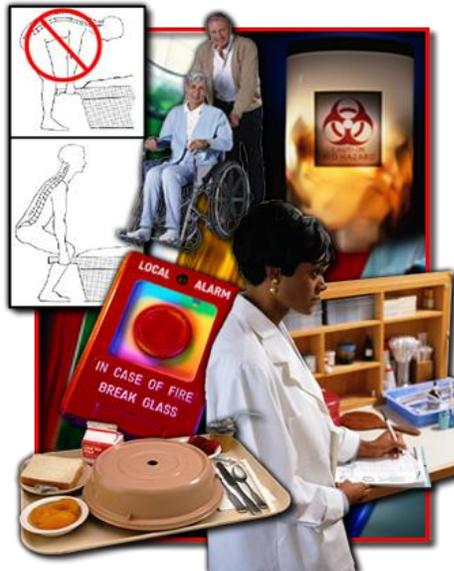




Introduction to Basic Health & Safety



Module 6, Section 1

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These are the things we would like you to know about for Health and Safety. There are rules in our houses like don't overload the outlets, unplug stuff like the TV, and use bathmats. We do not like it when staff grabs at us as they are helping us or yells at us to get ready for bed. We may have something that we want to finish doing. Ask us.

~ Melissa R., self-advocate,

~ Sean, J., self-advocate

~ Veronica Pierson, self-advocate

Exercise is important to me. We do jumping jacks nearly every morning. On Fridays, we do exercises with a video tape. I was very excited to join a group that learns a little about exercising called Yoga. I think it is cool. Sometimes we practice breathing in through our nose and out through our mouth. We learn about relaxing.

~ Joe G., self-advocate



I think I have done a really good job at the group home. I have lost weight and am at my goal weight now. I do really well at controlling my food and at budgeting my money. I still need to learn what I can eat and what I can't eat, and picking healthy choices. I have learned a lot, but have not tried to do it completely on my own.

~ Anna T., self-advocate

Principles of Support

Some persons with developmental disabilities are more vulnerable to injuries than others. When necessary precautions are not taken, it can be devastating to the health and well-being of a person you support, for the home in which he/she lives, or for the agency that provides the service. Each year, thousands of accidents occur, some fatal, that could have been prevented by taking specific precautions. It is the responsibility of the direct support person to ensure that appropriate precautions are taken based upon the needs of the individual.

Direct Support Persons (DSPs) should follow and teach the people they support these guidelines for basic health and safety. It is important to be mindful of each person's dignity.

Safety

- Assist people who might fall.
- Clean up spills on the floor.
- Pick up things dropped on the floor.
- Unplug electrical appliances when not in use.
- Limit use of extension cords.
- Put a mat on the floor in bathroom when getting in and out of tub/shower.
- Straighten throw rugs.
- Remove items blocking entrances, exits, and walkways.



Privacy

- Close door to bathroom or bedroom when assisting a person.
- Do not discuss personal issues where others can hear.
- Do not tell others private information (especially medical information).
- Respect the person's personal space and personal belongings.
- Knock first and wait for a response before entering a room.

Dignity

- Show respect to people.
- Realize that each person is different and has different needs, preferences, etc.
- Try to prevent situations which could cause embarrassment for people.
- Respect the person's religious and cultural beliefs, even if they are not yours.
- Ask before assisting and wait for a response.

Communication

Talk with and listen to people, their families and other team members.
Communicate respectfully to people and use people-first language.
Speak in words the listener will understand.
Explain what you are doing before and while you are doing it.
Ask permission before doing something to/with a person. Wait for a response.

Independence

Encourage people to do things for themselves.
Do not do things for people if they are capable, even if it takes longer.
Use the least prompting necessary to achieve the desired outcome.
Teach people to speak up for their choices.
Teach people to speak up for their rights.

Infection Control

Wash hands as circumstances require.
Wear gloves as circumstances require.
Cover your mouth when sneezing/coughing, and teach people to do the same.
Do not use glasses/utensils unless they are clean.
Disinfect commonly used items.

Confidentiality Is Everybody's Business**Confidentiality and HIPAA**

DSPs may observe and have access to a person's protected health information (PHI) or other confidential or sensitive information about the person. PHI includes names, addresses, diagnoses and treatment of individuals, their mental and physical condition and even the fact that the person receives services and the types of services that they receive. The Health Insurance Portability and Accountability Act (HIPAA) mandates that PHI can only be shared with and made available to authorized people and for authorized uses. HIPAA compliance requires a culture of privacy in your agency and your personal commitment. DSPs must protect people's PHI, for example by:

- Restricting access to areas where PHI is available and keeping cabinets locked where PHI is stored.
- Shredding documents containing PHI before discarding them.
- Avoiding conversation involving PHI or confidential information unless conducted in secure areas away from unauthorized people.
- Exercising caution and care when faxing, emailing or telephoning PHI or other confidential information to ensure it is not released to unauthorized people.
- Not leaving confidential papers where others can see them.

How Germs Are Spread



Direct Contact

Germs are spread from one person directly to another person

What are the ways this can happen?

- One person with an infection, such as a contagious rash or open/infected sore or wound, touches another person
- Body fluids (feces, urine, blood, saliva, etc.) get into an open wound
- Insect bite

Indirect Contact

Germs are spread from one person to an object then to another person.

What are some examples of this?

- Eating food that has been contaminated by someone's dirty hands.
- Handling soiled linen or equipment.
- Using soiled utensils, cups or contaminated water.

Droplet Spread

Germs are spread through the air. Droplets generally do not remain in the air very long, and generally travel short distances of 3 feet or less, but often that is far enough to contaminate others.



Controlling the Spread of Germs

Hand washing is one of the most important (and easiest) practices used to prevent the spread of germs and the transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores. Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment. Because hand washing is so important, you should familiarize yourself with the location of the hand washing stations or facilities nearest to you.



When to Wash Your Hands:

- When you come to work
- **Before** touching:
 - Food
 - A person's medicine
 - Kitchen utensils and equipment
 - Someone's skin that has cuts, sores or wounds
 - Before putting on disposable gloves
- **After:**
 - Using the bathroom
 - Sneezing, coughing or blowing one's nose
 - Touching one's eyes, nose, mouth or other body parts
 - Touching bodily fluids
 - Touching someone's soiled clothing or bed linens
 - Providing assistance with medications
 - Removing and disposing of used disposable gloves
 - Touching anything else that could be contaminated with germs
 - Smoking

How to Wash Your Hands

- Gather supplies, if necessary
- Wet hands under warm water
- Apply soap
- Wash for at least 20 seconds (Sing "Happy Birthday or say you're A, B, C's twice)
- Scrub all surfaces, especially cuticles, under nails and around and under rings
- Rinse hands from the wrist down
- Use paper towel to dry
- Use paper towel to turn off faucet and open door if it has a handle
- Discard towel in waste basket

- Nails should be kept trimmed and clean.

Note: Jewelry should not be worn on the job. Watches should be worn high enough on the wrist as to not interfere with the hand washing process.

Alcohol-Based Hand Rubs

As part of good hand hygiene, it is often appropriate to use alcohol-based hand rubs. When using an approved alcohol-based hand rub:

Apply the product to the palm of one hand (using the volume recommended by the manufacturer) and rub your hands together.

- Be sure that you cover all surfaces of your hands and fingers.
- Rub your hands together until they are dry, at least 15 seconds.
- Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

Alcohol kills germs and leaves them on your hands. Wash with soap and water every 3-5 times of using "hand-rubs".

Other Issues with Hand Hygiene

To maintain good hand hygiene, pay close attention to your fingernails:

- If you have natural nails, keep them short
- Wash hands after taking gloves off
- Change gloves when switching from one person to another or from one task to another
- Change gloves if they become torn
- Dispose of gloves in a proper container
- Be sure to remove rings and watch before putting on gloves.

Ways to Prevent Germ Transmission Exercise

Directions: List ways you know to prevent germ transmission.

Bloodborne Pathogens

Exposure to bloodborne pathogens in the workplace is a major concern to workers and employers. **The Occupational Safety and Health Administration (OSHA)** has a standard to address this concern. The Bloodborne Pathogens Rule requires both employers and workers to prevent the spread of bloodborne diseases.

What is a Bloodborne Pathogen?

Bloodborne pathogens are germs which may be present in blood that are capable of causing disease. Bloodborne pathogens are an important consideration in dealing with blood and other potentially infectious materials. Materials include human body fluids, unfixed tissue or organs, and HIV/HBV-containing cell or tissue cultures.

How Are People Exposed to Bloodborne Pathogens?

You can be exposed to a bloodborne pathogen by performing a task or being in an area where you might come in contact with blood or other potentially infectious materials.

What Happens If You Are Exposed to a Bloodborne Pathogen?

Even one exposure to a bloodborne pathogen can lead to serious and disabling diseases such as:

- HIV
- Hepatitis
- MRSA (Methicillin Resistant Staphylococcus Resistant Aureus)

You may not know you are infected with a bloodborne disease at the time of exposure. You may not realize it until years later.

Does Everyone Exposed to a Bloodborne Pathogen Become Infected?

Whether or not you become infected depends on:

- The number and strength of the germs
- Your resistance to disease
- The germ having an entrance into your body



Above is an example of a biohazard cleanup kit containing absorbent powder, towelets, biohazard bag with tie, surface cleaner, gloves, scoop, and dry paper towel

The following source control measures are part of the etiquette as well:

- Covering the mouth and nose with a tissue when coughing
- Disposal of used tissues
- Use of surgical masks on the coughing person as appropriate
- Hand hygiene after contact with respiratory secretions
- Keeping a distance of more than 3 feet from a person with a respiratory infection, which can be accomplished through such measures as having separate common waiting areas for persons with respiratory infections

AIDS and HIV

AIDS, or Acquired Immune Deficiency Syndrome, is caused by a virus called the human immunodeficiency virus, or HIV. Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure. AIDS is the result of a long process that begins with HIV infection. HIV destroys the body's immune system, allowing cancers, pneumonia and other infections to develop.



Estimates on the number of people infected with HIV vary. The Centers for Disease Control and Prevention (CDC) estimated in 2011 that 50,000 people are infected with HIV every year in the United States, and more than 1.1 million persons were living with HIV/AIDS. These numbers could be higher, as many people who are infected with HIV may be completely unaware of it.

The HIV virus is very fragile and will not survive very long outside human body. It is primarily of concern to employees providing first aid or medical care in situations involving fresh blood or other potentially infectious materials. It is estimated that the chances of contracting HIV in a workplace environment are only 0.4%. However, because it is such a devastating disease, all precautions must be taken to avoid exposure.

AIDS infections occur essentially in three broad stages. The **first stage** is when a person is actually infected with HIV. After the initial infection, a person may show few or no signs of illness for many years. Eventually, in the **second stage**, an individual may begin to suffer swollen lymph glands or other lesser diseases which begin to take advantage of the body's weakened immune system. The second stage is believed to eventually lead to AIDS, the **third and final stage**. In this stage, the body becomes completely unable to fight off life-threatening diseases and infections.

Symptoms

Symptoms of HIV infection can vary, but often include weakness, fever, sore throat, nausea, headaches, diarrhea, a white coating on the tongue, weight loss, and swollen lymph glands.

HIV CAN be contracted by:

- blood transfusions
- contact with blood/bodily fluids
- homosexual or heterosexual contact
- Intravenous (IV) drug users who share needles

NOTE: An unborn baby may contract it from its mother (though the risk is lowered with appropriate prenatal treatment), and babies can contract it through breast-feeding.

HIV CANNOT be contracted by:

- telephones, doorknobs, toilet seats, or mosquito bites
- shaking hands, hugging, being coughed or sneezed on
- eating food prepared by an HIV positive person.
- **by donating blood.**

NOTE: The risk of contracting HIV from a blood transfusion is extremely low. The blood supply is carefully tested.

How do you get infected with HIV?

HIV is transmitted through blood, semen or vaginal fluid. HIV cannot be transmitted by holding hands, hugging, kissing or sharing food and household items. The virus does not survive outside of the body on surfaces like door knobs, toilet seats, drinking fountains, telephones or in swimming pools. There haven't been any cases of the virus being transmitted by insects or food handlers.

Some people have become infected with HIV after receiving blood transfusions. The nation's blood supply has been screened for HIV since 1985 so today it is extremely rare to get HIV from a blood transfusion.

HIV primarily is spread through bodily fluids via:

- Unprotected sexual intercourse
- Sharing needles and syringes when injecting drugs or steroids
- Infected mothers to their child during pregnancy, birth or sometimes breast feeding

What are the symptoms of HIV?

Symptoms of HIV may not appear for 10 years or longer. You can be infected with HIV and still look and feel well. Once you are infected, you always carry the virus and you can infect others.

HIV symptoms usually are long-lasting and persistent. They may include:

- Fever, chills or night sweats
- Swollen glands in the neck, armpits or groin area
- Frequent diarrhea
- A thick white coating or spots on the tongue or in the throat
- Mouth sores
- A dry cough, sometimes with shortness of breath
- Unexpected weight loss
- Pink or purple blotches on or under the skin
- Persistent vaginal yeast infections

Is there a test for HIV?

There are tests that detect whether the body's immune system has produced disease-fighting antibodies against the virus. If HIV antibodies are in your body, you will test positive for HIV. A positive test is not a death sentence. It doesn't mean a person has AIDS. Knowing your HIV antibody status is the key to obtaining proper medical care. Right now there isn't a cure for AIDS, but there are many effective treatments which, when given early, can prolong and improve the quality of life for people with HIV and AIDS. HIV testing is available through all county health departments.

How can I protect myself from HIV?

The best advice is don't have sexual intercourse and don't shoot drugs, or to have sex with only uninfected partners.

Having sex is a choice you make. But you should know that every time you have sex with a new partner, you may increase your chances of being exposed to HIV and other sexually transmitted diseases.

You can reduce your risk of infection by:

- Talking to your partner about HIV/AIDS
- Practicing safer sex where there is no exchange of semen, vaginal fluids, or blood
- Correctly using a latex condom **every** time you have sex
- Not using needles or syringes that another person might have used

What should a person with HIV/AIDS do?

If you are infected with HIV, you should seek medical care. Treatment is available to slow the progression of HIV in the body and to treat complications related to AIDS. Your doctor, county health department or a local HIV/AIDS service organization can provide additional information about medications and counseling. The progression of HIV to AIDS may be slowed by living a healthy lifestyle. If you are HIV-positive, eat a balanced diet, exercise regularly, get plenty of sleep, reduce stress from your life and do not use alcohol or other drugs.

What can I do for a friend or family member with HIV/AIDS?

People with HIV/AIDS need support and friendship. They may feel alone, frightened and unsure of their relationships and future. Fortunately, there are organizations which help people with HIV/AIDS and their families deal with the medical, financial and emotional problems associated with the disease. A blood-borne disease is one that can be spread by contamination by blood.



Hepatitis B (HBV)

"Hepatitis" means "*inflammation of the liver,*" and, as its name implies, Hepatitis B is a virus that infects the liver. While there are several different types of Hepatitis, Hepatitis B is transmitted primarily through "blood to blood" contact. Hepatitis is another bloodborne pathogen. Hepatitis B initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.

There is no "cure" yet for HBV, but there are several new promising treatments that were not available until recently. These treatments slow down liver damage caused by HBV, meaning there is less chance of developing a serious liver disease later on. It is important to note, however, that there are different kinds of hepatitis, so infection with HBV will not stop someone from getting another type.

The Hepatitis B virus is very durable, and it can survive in dried blood for up to seven days. For this reason, this virus is the primary concern for employees such as housekeepers, custodians, laundry personnel and other employees who may come in contact with blood or potentially infectious materials in a non first-aid or medical care situation.

Symptoms:

The symptoms of HBV are very much like a mild "flu". Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes), and a darkened urine will often occur. However, people who are infected with HBV will often show no symptoms for some time. After exposure it can take **1-9 months** before symptoms become noticeable. Loss of appetite and stomach pain, for example, commonly appears within 1-3 months, but can occur as soon as 2 weeks or as long as 6-9 months after infection.

Modes of Transmission of Bloodborne Pathogens

Bloodborne pathogens such as HBV and HIV can be transmitted through contact with infected human **blood** and **other potentially infectious body fluids** such as:

- **Semen** (the viscid, whitish fluid from the male)
- **Vaginal secretions** (fluid from the female cervix)
- **Cerebrospinal fluid** (colorless liquid that surrounds the brain and spinal cord)
- **Synovial fluid** (fluid that lubricates and cushions the joint)
- **Pleural fluid** (fluid between the pleural membranes of the lung and the inner chest wall)
- **Peritoneal fluid** (fluid in the gastrointestinal organs)
- **Amniotic fluid** (fluid which surrounds the fetus)
- **Saliva** (in dental procedures)
- **Any body fluid that is visibly contaminated with blood**

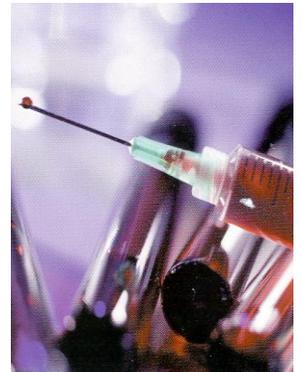
It is important to know the ways exposure and transmission are most likely to occur in your particular situation, whether providing first aid to someone, handling blood samples for a nurse, or cleaning up blood anywhere.

HBV and HIV are most commonly transmitted through:

- Sexual Contact
- Sharing hypodermic needles
- From mothers to their babies before, at and after birth through breastfeeding
- Accidental puncture from contaminated needles, broken glass, or other sharp objects (sharps)
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids

Accidental puncture from contaminated needles and other sharps can result in transmission of bloodborne pathogens.

In most work or laboratory situations, transmission is most likely to occur because of accidental puncture from contaminated needles, broken glass, or other sharps; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. For example, if someone infected with HBV cuts their finger on a piece of glass, and then you cut yourself on the now infected piece of glass, it is possible you could contract the disease. Anytime there is **blood-to-blood contact** with infected blood or body fluids, there is a slight potential for transmission. Unbroken skin forms an impervious barrier against bloodborne pathogens.



However, **infected blood can enter your system through:**

- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

Bloodborne pathogens may be transmitted through the **mucous membranes** of the

- Eyes
- Nose
- Mouth

For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

Methicillin Resistant *Staphylococcus aureus* (MRSA)

MRSA related terms:

***Staphylococcus aureus* (SA)**, often simply referred to as “staph”, is a bacteria commonly found on the skin or in the nose of healthy people. Staph bacteria can cause infections, and when they do, these are often referred to as “staph infections”. About 25-30% of the population is colonized with staph, that is to say they are carriers of the staph bacteria but it causes no infection.

Methicillin Resistant *Staphylococcus aureus* (MRSA), refers to a specific type of staph that is resistant to the antibiotic methicillin as well as several other similar antibiotics. Only about 1% of the population is colonized with MRSA.

Colonization of an individual with MRSA is different than infection with MRSA. An MRSA infection is an active disease process. MRSA infections may be in the form of an abscess, a boil, a cellulitis, or a more serious infection such as infection of the blood, lungs, urine, or a surgical wound.

People at Risk

MRSA infections can occur in any geographic location and on any part of a person’s body. Most people who acquire MRSA infection in the community get infections of the skin. Close skin-to-skin contact, openings or cuts in the skin, crowded living conditions, poor hygiene, and contaminated items and surfaces are the main cause of MRSA spread in the community.

Prevention of Community Acquired MRSA

- Clean your hands. Use soap and water or alcohol based hand rub frequently to maintain hygiene.
- Maintain a clean environment. Establish routine cleaning procedures for frequently touched surfaces.
- Keep cuts and scrapes covered until healed. Maintaining cleanliness of a wound will decrease the chances of acquiring a skin infection through any opening in the skin.

If someone in the home has MRSA infection...

- Cover the wound. Wounds that are draining should be covered with clean dry bandages until healed.
- Maintain infections precautions. When changing bandages, disposable gloves should be worn and hands should be washed with soap and water after the bandage changes. Soiled bandages should be bagged and disposed of in the regular trash.
- Maintain clean linens and towels. Linens should be changed and washed when soiled and on an established routine basis. Towels should only be used once.
- Avoid sharing personal items such as washcloths, razors, clothing, etc.

MRSA infection and the workforce

Unless specifically directed by a physician, individuals do not need to be routinely excluded from work or otherwise isolated due to MRSA infection. Individuals may continue to participate in activities as long as the wound can be covered and contained with a clean dry bandage, and appropriate hygiene measures are maintained. Exclusion from activities may be necessary if the wound cannot be adequately covered or wound drainage cannot be contained.

For more information regarding MRSA in the community, visit www.cdc.gov/mrsa

Clostridium difficile (C diff.)

Clostridium difficile (klos-TRID-e-uhm dif-uh-SEEL), often called *C. difficile* or *C. diff*, is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. Illness from *C. difficile* most commonly affects older adults in hospital or long term care settings and typically occurs after using antibiotic medications.

In recent years, *C. difficile* infections have become more frequent, more severe and more difficult to treat. Each year, tens of thousands of people in the United States get sick from *C. difficile*, including otherwise healthy people who are not hospitalized or taking antibiotics.

Mild illness caused by *C. difficile* may get better if you stop taking antibiotics. Severe symptoms require treatment with a different antibiotic.

Some people who have *C. difficile* never become sick, though they can still spread the infection. *C. difficile* illness usually develops during or shortly after a course of antibiotics. But signs and symptoms may not appear for weeks or even months afterward.

The most common symptoms of mild to moderate *C. difficile* disease are:

- Watery diarrhea three or more times a day for two or more days
- Mild abdominal cramping and tenderness

In severe cases, *C. difficile* causes the colon to become inflamed (colitis) or to form patches of raw tissue that can bleed or produce pus (pseudomembranous colitis). Signs and symptoms of severe infection include:

- Watery diarrhea 10 to 15 times a day
- Abdominal cramping and pain, which may be severe
- Fever

- Blood or pus in the stool
- Nausea
- Dehydration
- Loss of appetite
- Weight loss

Mayo Clinic; accessed 10/24/11; <http://www.mayoclinic.com/health/c-difficile/DS00736>

Universal Precautions

Universal Precautions for bloodborne pathogens are part and parcel of Standard Precautions. It is an approach used in infection control. Universal precautions treat all blood and other potentially infectious materials as if they are known to be infected with bloodborne diseases. It treats all blood and other potentially infectious materials as if they were known to be infected with bloodborne diseases. Blood and other materials can carry pathogens that cause serious diseases. Materials include human body fluids, unfixed tissue or organs, and HIV/HBV-containing cell or tissue cultures. The intent of Universal Precautions is to protect the healthcare worker from bloodborne diseases. DSPs must become familiar with key elements of an effective infection control program.

- Use good workplace practices and follow Standard Precautions.
- Wear Personal Protective Equipment (PPE) and use respiratory protection as indicated.
- Receive the hepatitis B vaccination series and other vaccinations when they are offered.
- Wash your hands with soap and water frequently.
- If you are exposed to blood or other potentially infectious materials, you should take immediate actions to cleanse the area, tell your supervisor, have any medical follow-up indicated by the exposure and a post-exposure evaluation.
- Practice good housekeeping by observing established practices, schedules, and procedures for cleaning and disinfecting work areas at your agency.
- Follow recommended practices for handling contaminated clothing and laundry at your home or agency.
- Bag soiled linens (including isolation linens) in single blue plastic bags. Double-bag laundry if the outside of the first bag is visibly soiled.

In work areas where exposure is likely, **do not:**

- eat, drink, or put objects in your mouth.
- apply cosmetics, lip balm, or contact lenses.

Transmission Based Precautions Beyond Standard Precautions are

- Contact Precautions

- Droplet Precautions
- Airborne Precautions.

Personal Protective Equipment

Probably the first thing to do in any situation where you may be exposed to bloodborne pathogens is to ensure you are wearing appropriate personal protective equipment (PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals always wear latex or protective gloves when working directly with patients. This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin. **To protect yourself, it is essential to have a barrier between you and the potentially infectious material or fluids.**

Rules to follow:

- Always wear PPE in exposure situations.
- Remove PPE that is torn or punctured, or has lost its ability to function as a barrier to bloodborne pathogens.
- Replace PPE that is torn or punctured.
- Remove and dispose of PPE before leaving the work area.

If you work in an area with routine exposure to blood or potentially infectious materials or fluids, the necessary PPE should be readily accessible to staff. Contaminated gloves, clothing, PPE, or other materials should be placed in appropriately labeled bags or containers until it is disposed of, decontaminated, or laundered. It is important to find out where these bags or containers are located in your area before beginning your work.

Gloves

Gloves should be made of latex, nitril, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before putting on your gloves. You should always inspect your gloves for tears or punctures before putting them on. **If a glove is damaged, don't use it!** When taking contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them.

Gloves are an essential element of infection control. Remember:

- You should wear gloves any time you are at risk of coming in contact with blood or other potentially infectious materials or fluids (e.g., dirty laundry).
- You should wear gloves that cover your wrists.

- If you are wearing an isolation gown, your gloves should cover the cuffs of the gown.

Wear disposable gloves when...

- Cleaning the rectal or genital area
- Assisting with mouth care
- Assisting with shaving
- Cleaning toilets
- Cleaning up urine, feces, vomit or blood
- Helping with menstrual care and disposal of sanitary supplies
- Performing wound care or first aid
- Handling soiled linen
- When assisting with bathing (optional)

Always wash your hands before putting on gloves and always check them for damage.



Removing Gloves

Gloves are made for one-time use and must be removed and disposed of properly after a single use.

Removing gloves properly is essential to protecting yourself and others from the risk of infection. Remove gloves so that the inside part of the glove is turned toward the outside. This is because the outside of the glove is soiled, and taking the gloves off inside out will keep the germs contained within the gloves.

Disposing of gloves properly is equally essential. Gloves contaminated with blood should be disposed of in a regulated waste container. Uncontaminated gloves may be disposed of in a regular waste container. Immediately after removing gloves, wash your hands with soap and water.

Goggles

Anytime there is a risk of splashing or vaporization of contaminated fluids, goggles and/or other eye protection should be used to protect your eyes. Again, bloodborne pathogens can be transmitted through the thin membranes of the eyes so it is important to protect them. Splashing could occur while cleaning up a spill, during laboratory procedures, or while providing first aid or medical assistance.

Face Shields

Face shields may be worn in addition to goggles to provide additional face protection. A face shield will protect against splashes to the nose and mouth.

Aprons

Aprons may be worn to protect your clothing and to keep blood or other contaminated fluids from soaking through to your skin.

Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth to come into contact with skin. Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.

Gowns

Sometimes gowns and/or personal protective equipment are worn to keep from transmitting pathogens from a patient's room to another area of the hospital (refer to your agency's policies). If this is the case, remove the gown before leaving the patient's room and WASH YOUR HANDS.

Remember to use universal precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact blood or potentially infectious body fluids whenever possible, and whenever it's not possible, wear personal protective equipment.

If you are working in an area where there is reasonable likelihood of exposure, **you should never:**

- **Eat**
- **Drink**
- **Smoke**
- **Apply cosmetics or lip balm**
- **Handle contact lenses**

No food or drink should be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or potentially infectious materials are present.

Decontamination and Sterilization

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials or fluids must be decontaminated and sterilized as soon as possible. **Equipment and tools must be cleaned and decontaminated before servicing or being put back to use.** Decontamination should be accomplished by using a solution of 5.25% sodium hypochlorite (household bleach/Clorox) diluted between 1:10 and 1:100 with water. **The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.**

If you are cleaning up a spill of blood, you can carefully cover the spill with paper towels or rags, then gently pour the 10% solution of bleach over the towels or rags, and leave it for *at least 10 minutes*. This will help ensure that any bloodborne pathogens are killed before you actually begin cleaning or wiping the material up. By covering the spill with paper towels or rags, you decrease the chances of causing a splash when you pour the bleach on it.

If you are decontaminating equipment or other objects (be it scalpels, microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave the disinfectant in place for *at least 10 minutes* before continuing the cleaning process. Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.

Sharps

Far too frequently, housekeepers, custodians and others are punctured or cut by improperly disposed needles and broken glass. This, of course, exposes them to whatever infectious material or fluids may have been on the glass or needle. For this reason, it is especially important to handle and dispose of all sharps carefully in order to protect yourself as well as others.

Needles

- Needles should never be recapped.
- Needles should be moved only by using a mechanical device or tool such as forceps, pliers, or broom and dust pan.
- Never break or shear needles.
- **Needles must be disposed of only in labeled sharps containers.**
- Sharps containers must be closable, puncture-resistant, leak-proof on sides and bottom, and must be labeled or color-coded.
- When sharps containers are moved from the area of use, the containers must be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.

Broken Glassware

Broken glassware that has been visibly contaminated with blood must be sterilized with an approved disinfectant solution before it is disturbed or cleaned up.

- Glassware that has been decontaminated may be disposed of in an appropriate sharps container.
- Broken glassware must not be picked up directly with the hands. Sweep or brush the material into a dustpan.
- Uncontaminated broken glassware may be disposed of in a closable, puncture resistant container such as a cardboard box or coffee can.

By using Universal Precautions and following these simple engineering and work practice controls, you can protect yourself and prevent transmission of bloodborne pathogens.

Needles must be disposed of in sharps containers.

Improperly disposed needles can injure housekeepers, custodians, and other people.



Isolation Procedures

Sometimes a physician may order a person to be put in "isolation". Isolation procedures are sometimes necessary for medical conditions. General isolation precautions should be used for methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant Enterococci (VRE), Respiratory Syncytial Virus (RSV), chicken pox, shingles, lice, *Clostridium difficile* (C-diff), etc. DSPs should wear gloves to enter the room and remove gloves and wash hands before leaving the room. Patient equipment (for example, a stethoscope, digital thermometer, etc.) must always be disinfected, or have their use dedicated to only the isolation room. Check your agency policy for the correct disinfectant.

Standard precautions have now been revised to include these new areas of protection:

- Respiratory hygiene and cough etiquette
- Safe injection practices

Standard precautions apply to the following:

- blood, all body fluids, secretions and excretions regardless of whether or not they contain visible blood
- Non-intact skin – this may not always be obvious
- Mucous membrane.
- Gloves
- Masks, eye protection, face shields
- Fluid resistant non-sterile gowns, as needed. Remember: Overdoing is better than not doing.
- Patient care equipment handling
- Linens handling
- Bloodborne pathogen exposure - needles and sharps.
- Hand washing whether or not gloves are worn. Wash hands immediately after removing gloves, between all patient contacts and as needed.
- Mouth pieces, resuscitation bags and other ventilation devices.

Note: Always assume certain areas of the body are colonized with disease causing microorganisms that, if transmitted to others, could cause disease and protect yourself accordingly. These areas include mucous membranes, moist areas of the body, broken skin, anything wet coming from the body, and any medical devices that drain fluids from the body.

OJT Practice Activity #16: Hand washing

Name _____

Date _____

Attention: Remember to wash your hands:

- When coming to work
- Before and after any contact with an individual
- Before handling any food
- After going to the bathroom
- After coughing or sneezing
- After smoking
- Before and after wearing disposable gloves
- Before going home



Supplies:

- Sink
- Warm water
- Soap
- Paper towel

Steps	Partner Check	Instructor Check
Turn on water and adjust temperature.	<input type="checkbox"/>	<input type="checkbox"/>
Wet your hands and wrists.	<input type="checkbox"/>	<input type="checkbox"/>
Apply soap.	<input type="checkbox"/>	<input type="checkbox"/>
Rub your hands together to make soap.	<input type="checkbox"/>	<input type="checkbox"/>
Hold your hands lower than your elbows.	<input type="checkbox"/>	<input type="checkbox"/>
Wash your hands vigorously and thoroughly. Include wrists, palms, back of hands, nails and between fingers.	<input type="checkbox"/>	<input type="checkbox"/>
Rinse your wrists and hands, keeping them below your elbows.	<input type="checkbox"/>	<input type="checkbox"/>
Pat dry your wrists and hands with a clean paper towel.	<input type="checkbox"/>	<input type="checkbox"/>
Use towel to shut off faucet and open door.	<input type="checkbox"/>	<input type="checkbox"/>
Throw towel away.	<input type="checkbox"/>	<input type="checkbox"/>

OJT Practice Activity #21: Removing Disposable Gloves

Steps	Partner Check	Instructor Check	Illustration
Partially remove first glove by pinching the glove at the wrist being careful to touch only the outside surface.	<input type="checkbox"/>	<input type="checkbox"/>	
Pull glove toward the fingertips without completely removing it. The glove is now inside out.	<input type="checkbox"/>	<input type="checkbox"/>	
With partially gloved hand, pinch the exterior of the second glove. Remove second glove.	<input type="checkbox"/>	<input type="checkbox"/>	
Pull the 2nd glove toward the fingertips until it is inside out. Remove it completely.	<input type="checkbox"/>	<input type="checkbox"/>	
Finish removing both gloves. Grasp both gloves with your free hand. Touch only the clean interior surface of the glove.	<input type="checkbox"/>	<input type="checkbox"/>	
After removing both gloves, discard gloves in an appropriate container.	<input type="checkbox"/>	<input type="checkbox"/>	
Wash hands thoroughly.	<input type="checkbox"/>	<input type="checkbox"/>	