



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



Trouble where I used to live. No trouble where I live now.

~ April C., 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

This module contains information for Direct Support Persons (DSPs) who provide supports to adults and/or to children and young adults who receive home and community based services through one of the Division of DD's Medicaid Home and Community-Based Services waiver programs. The service delivery methods are participant and family directed. Direct care providers can be employees of the person and his/her family, or employed through community agencies.

What You Will Learn in This Section:

How to prevent the spread of illness.

The symptoms of illnesses.

What to do when someone is ill.

How to properly wash my hands.

When I must wash my hands.

How to put on and remove disposable gloves.

The importance of a health history.

How to document medical issues.

What to do to prepare for a doctor or dentist visit.

The importance of confidentiality.

Principles of Support

Some persons with developmental disabilities are more vulnerable to injuries. 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 of them 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.

There may be activities where the individual has made a choice to engage in risky behavior and you will need to respect his or her choice (such as smoking, dietary restrictions, and medical issues). It is very important to give the person knowledge and experience to make an informed choice.

Direct Support Persons should follow and teach these guidelines for basic health and safety. It is important to be mindful of the person's dignity.

Safety

- Assist people who might fall.
- Clean up spills on floor.
- Pick up things dropped on 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 an individual.
- 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.
Speak in words they 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.

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.

Independence

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

INJURY PREVENTION PROCEDURES

More people are injured at home than anywhere else. Most accidents can be preventing though. Basic precautions in the home and making sure people are aware of and following safety procedures can prevent unnecessary risks and injuries.



1. How often they may occupy that space.

The most common kinds of household accidents are:

- poisoning, suffocation, or choking from putting foreign items in mouth, EARS or nose;
- People falling or objects falling on them
- Misuse or carelessness with tools, knives or chemicals
- Scalds and burns from heat or fire

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WHY do accidents occur?

- People are stressed, hurried, or upset.
- People are distracted, absentminded or negligent.
- People are mentally incapacitated by illness, fatigue, drugs or alcohol, or disability.
- People with mental disabilities are unsupervised
- People are careless or irresponsible.

Preventing of Falls

Make sure stairs and hallways are level, clear and unobstructed and that all steps and railings are secure and unbroken.

Preventing Falls

- Make sure carpets and rugs are tacked down and secure.
- Make sure slick floors are dry. Attend to leaks or spills that make floors slippery. Tack down safety mats in areas that are often wet and slippery, such as entry ways, kitchen and bathroom floors. When floors are waxed or mopped, make sure everyone knows. Use wet floor signs

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- Make sure that showers and bath tubs have safety mats and/or railings, especially with older adults and people with physical disabilities
- Make sure steps and sidewalks are routinely cleared and salted if you live in a climate where snow and ice are common in winter.
- Make sure you and the people to whom you provide supports use a safe stepladder instead of a chair or stool when getting items from high shelves or cupboards

Preventing Shocks and Electrocutation

- Make sure the people to whom you provide supports are aware of potential dangers in using small and large appliances. For example, they should know not to use radios or hair dryers near water, and not to use appliances with wet or damp switches, heating elements, or motors.

Preventing Burns and Scalds

- Make sure heaters and radiators are never too close to flammable objects such as draperies or bedclothes. Ensure that the people who live in the home and use space heaters or electric blankets are able to regulate temperatures and turn them off when they leave the room.
- Be certain that the water temperature in the house is at a safe temperature level and that all of the people who live there can mix hot and cold water to the correct temperature. If they are unable to do so, then ensure that the water temperature does not exceed 110 degrees.

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Preventing Poisoning or Chemical Accidents

If anyone in the home where you work has specific behavioral characteristics that put them at risk of poisoning or accidental injury, make sure the home has a policy and procedure for keeping harmful chemicals (e.g., cleaning supplies, gasoline) and objects (e.g., knives, baseball bats, ladders) secure. Be certain that you know this procedure.

Preventing Injuries Caused by Tools and Household Items

- Make sure people who use tools for any reason are aware of and follow good safety habits, such as wearing appropriate safety gear and goggles when necessary.
- Make sure tools are put away when not in use. This includes garden tools, mowers, and other items used outside.
- Make sure people who prepare their own food are aware of and follow good safety habits, such as using oven mitts, never leaving ovens or ranges unattended when they are on, keeping flammable items (including clothing) away from the range, and using appropriate cookware.
- Ensure that sharp objects such as knives, scissors, fireplace utensils and other potentially dangerous utensils are stored and used safely. If the people you support are considered at risk of hurting themselves or others with these items they should be kept in a place where they are not easily accessible. However, remember that restricting access to these items should only occur if the individuals are clearly at risk of harm.

Know the Person's Risk Management Plan

Be aware of all habits and potential behaviors of the adults or children in the home that can present dangers such as:

- Self abuse.
 - Lighting fires.
 - Throwing objects.
- Assure there is proper supervision based on the needs of the people you support. Do not leave people unsupervised.

Teach Safety By:

- Modeling appropriate and safe behavior
- Using every opportunity to show, tell and demonstrate to everyone in the household why something poses a risk and what they can and should do to prevent the risk.
- Providing positive feedback to people each time you observe them engaging in safe behavior.

A Home Safety Check

Conduct a safety check at the home in which you work. You can do this by conducting an inventory of potential hazards and using the following information as a guide for safety precautions that should be present:

Kitchen

- A smoke alarm with silence button.
- A fire extinguisher.
- Scatter rugs that have nonslip backings or that are attached with pads or double-faced tape.
- Safety latches on cabinets that contain cleaning supplies
- Electrical outlets that are fitted with ground-fault circuit interrupters.
- Individual shut-off valves for each gas appliance.
- Short, heavy-duty extension cords for appliances.
- A range hood or vent kept free of built-up grease.
- Radios, televisions and small electric appliances located safely away from the sink.
- A list of emergency numbers located prominently near the phone

Living, Dining, and Family Rooms

- A carbon monoxide alarm in each room
- Safety plugs on unused outlets.
- Window treatments free of dangling cords.
- Extension cords placed safely away from areas where they could be stepped on or tripped over.

Baths

- An up-to-date first-aid kit.
- Anti-scald shower/tub water controls.
- Grab bars within easy reach in each tub and shower stall
- Shatter-resistant faucet parts with no sharp edges.
- A night light.
- Safety latches on cabinets containing dangerous materials.
- An electrical outlet positioned away from water fixtures and fitted with a ground-fault circuit interrupter.

Furnace Room

- A smoke alarms.
- A carbon monoxide alarm at least 15 - 20 feet from furnace.
- A fire extinguisher.

Bedrooms

- A smoke alarm in every bedroom and main hallway.
- A carbon monoxide alarm in or near each bedroom.
- A night lights.
- A fire-escape ladder (if bedrooms are above main levels).
- A fire extinguisher.
- A list of emergency numbers posted near any telephones.
- A rechargeable flashlight.

http://www.firstalert.com/safety_checklist.php

While most of these prevention rules apply to everyone all the time, when preparing a personal, individualized safety plan you should consider the specific habits and characteristics of the people you support, as well as the nature of the home where you work.

How Germs Are Spread

Direct Contact

Germs are spread from one person 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 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.

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 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.

Estimates on the number of people infected with HIV vary, but some estimates suggest that an average of 35,000 people are infected every year in the US (in 2000, 45,000 new infections were reported). It is believed that as of 2000, 920,000 persons were living with HIV/AIDS in the United States. 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 of the 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 infection essentially occurs in three broad stages. The first stage happens when a person is 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 all cases. 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 transfusing
- contact with blood/bodily fluids.
- homosexual or heterosexual contact.
- IV drug users who share needles.

NOTE: an unborn baby from its mother (though the risk is lowered with appropriate prenatal treatment). Infection to the baby can also occur through breast-feeding.

HIV **CANNOT** be contracted by:

- Telephones, doorknobs, toilet seats, or mosquito bites.
- Shaking hands, hugging, being coughed on or sneezed on.
- Eating food prepared by an HIV positive individual. You **CANNOT** get HIV from donating blood.
- The risk of contracting HIV from a blood transfusion is extremely low. The blood supply is carefully tested.

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.

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
 - An infected mother to her child during pregnancy, birth or sometimes breast feeding
- Anyone can become infected. HIV doesn't discriminate.

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 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" or specific treatment for HBV, but many people who contract the disease will develop antibodies which help them get over the infection and protect them from getting it again. 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 appear 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 situation, be it providing first aid to a student in the classroom, handling blood samples in the laboratory, or cleaning up blood from a hallway.

HBV and HIV are most commonly transmitted through:

Sexual Contact

- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other 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 cut their finger on a piece of glass, and then you cut yourself on the now infected piece of glass, it is possible that 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 also be transmitted through the mucous membranes of the

- eye
- Nose
- Mouth

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

PPE, Work Practices & Engineering Controls

It is extremely important to use personal protective equipment and work practice controls to protect yourself from bloodborne pathogens.

"Universal Precautions" is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. In other words, if you think the blood/body fluid is infected with bloodborne pathogens, *you treat it as if it is*. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall always be utilized in situations where exposure may occur.

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 the 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. 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.

Rules to follow:

- Always wear personal protective equipment 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 PPE before leaving the work area

If you work in an area with routine exposure to blood or potentially infectious materials, the necessary PPE should be readily accessible. 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.

Always check your gloves for damage before using them



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 know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning 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 make contact with them, either.

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.

Remember to use universal precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact whenever possible, and whenever it's not, wear personal protective equipment. If you find yourself in a situation where you have to come in contact with blood or other body fluids and you don't have any standard personal protective equipment handy, you can improvise. Use a towel, plastic bag, or some other barrier to help avoid direct contact.

Hygiene Practices

Handwashing is one of the most important (and easiest) practices used to prevent 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 facilities nearest to you. Laboratory sinks, public restrooms, janitor closets, and so forth may be used for hand washing if they are normally supplied with soap. If you are working in an area without access to such facilities, you may use an

antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as possible.

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.



You should also try to minimize the amount of splashing, spraying, splattering and generation of droplets when performing any procedures involving blood or potentially infectious materials, and you should NEVER pipette or suction these materials by mouth.

Decontamination and Sterilization

All surfaces, tools, equipment and other objects that could come in contact with blood or potentially infectious materials 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.

Lysol or some other EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement. 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 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 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 must be disposed of in sharps containers.

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

Needles must be disposed of in sharps containers.

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



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 shall be disposed of in labeled sharps containers only.
- Sharps containers shall be closable, puncture-resistant, leak-proof on sides and bottom, and must be labeled or color-coded.
- When sharps containers are being moved from the area of use, the containers should 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: ie. closable, puncture-resistant, leak-proof on sides and bottom, with appropriate labels. (Labels may be obtained from OSU EHS.)

- Broken glassware will 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.

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 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

What other times can you think of?

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.

Be aware that alcohol is flammable; store hand rub away from fire or flames.

Other Issues with Hand Hygiene

To maintain good hand hygiene, health care workers should pay close attention to their fingernails:

- If you have natural nails, keep them short.
- The CDC recommends that artificial nails should not be allowed in high-risk client areas, such as surgical services or intensive care units. Please check your facility's policy regarding the use of artificial nails.

Wear disposable gloves when...

- Cleaning the rectal or genital area.
- Giving mouth care. (helping with tooth or gum brushing)
- 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).

Note:

Remove rings and watch.

Wash hands before putting gloves on.

Look for tears/cuts in gloves while putting them on.

Wash hands after taking gloves off.

Change gloves when switching from one person to another or one task to another.

Change gloves if they become torn.

Dispose of in proper container.

OJT 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"/>

Wearing Gloves

Gloves are an essential element of infection control. With respect to gloves, remember that:

- You should wear gloves any time you are at risk of coming in contact with blood or Other Potentially Infectious Material (OPIM) (e.g., dirty laundry).
- You should wear gloves that cover your wrists.
- If you have donned an isolation gown, your gloves should cover the cuffs of the gown.

Removing Gloves

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

Be sure to dispose of the gloves properly. Gloves contaminated with blood or OPIM should be disposed of in a regulated waste container. Uncontaminated gloves may be disposed of in a regular waste container. Immediately after removing gloves, perform hand hygiene.

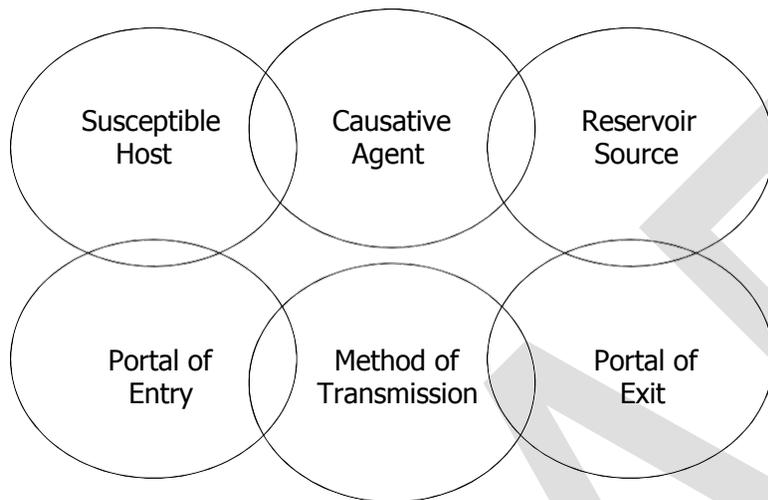
OJT Activity #21: Removing Disposable Gloves

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"/>	

Please complete the following exercise by listing the ways that you know to prevent germ transmission.

Ways to Prevent Germ Transmission Exercise

Directions: List ways you know to prevent germ transmission.



The Chain of Infection:
If one link of the chain is broken, infection cannot be transmitted.

Isolation Procedures

Sometimes a physician may order a person to be in "isolation". Isolation procedures are sometimes necessary for medical conditions. General isolation precautions should be utilized for methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant Enterococci (VRE), Respiratory Syncytial Virus (RSV), chicken pox, shingles, lice, *Clostridium difficile* (C-diff), etc. Wear gloves to enter the room. Remove gloves and wash hands before leaving the room. Always disinfect patient equipment (for example, a stethoscope, digital thermometer, etc.), or dedicate to the isolation room. Check your agency policy for the correct disinfectant.

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

- Respiratory hygiene and cough etiquette
- Safe injection practices
- Infection control practices for special lumbar puncture procedures

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 - may not always be obvious
- Mucous membrane.
- Gloves
- Masks, eye protection, face shields
- Fluid resistant nonsterile gowns (as needed. Overdoing is better than not doing).
- Patient care equipment handling Linens handling
- Blood-borne pathogen exposure - needles and sharps.
- Include handwashing (if gloves are worn). Wash hands immediately after removing gloves, between all patient contacts and as needed.
- Mouth pieces, resuscitation bags and other ventilation devices.
- Assumes that certain areas of the body are colonized with disease causing microorganisms that, if transmitted to others, could cause disease. 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

The intent of Standard Precautions is to protect the healthcare worker and all patients from any disease-causing germs. Standard Precautions do not protect against airborne diseases.

Universal Precautions

Universal Precautions for blood borne 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 (OPIM) as if they are known to be infected with blood borne 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 that can carry pathogens that causes 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.

Be familiar with key elements of the 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 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 a medical follow-up and a post-exposure evaluation.

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

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

Practice good housekeeping by observing established practices, schedules, and procedures for cleaning and disinfecting work areas at your facility.

Follow recommended practices for handling contaminated clothing and laundry at your home or facility.

Bag soiled linens (including isolation linens) in single blue plastic bags. Double-bag laundry if the outside of the first bag is visibly soiled.

Transmission Based Precautions Beyond Standard Precautions are

- Contact Precautions
- Droplet Precautions
- Airborne Precautions.

Contact Precautions should be taken for the following diseases/infections:

Clostridium difficile, Conjunctivitis, Diphtheria, Draining Anthrax lesions, Enteroviral infections, *Escherichia coli* O157:H7, Hepatitis A, Hepatitis B, Hepatitis Herpes simplex virus, Herpes zoster, Impetigo, multidrug resistant bacteria (e.g. Vancomycin-resistant enterococci, methicillin-resistant *Staphylococcus aureus*, multiply resistant gram negative bacilli, Parainfluenza virus, Pediculosis (lice), Respiratory syncytial virus, Rotavirus, Scabies, Shigella, *Staphylococcus aureus* infection, viral hemorrhagic fevers (Lassa, Marburg) Draining Anthrax lesions.

The precautions for these include:

- Private room (preferred)
- Gloves always
- Handwashing after glove removal
- Gowns always
- Limit patient movement or transport
- Patient care items and surfaces - daily cleaning
- dedicate noncritical patient care equipment or disinfect between patients.

Large Particle* Droplet Precautions should be taken for the following diseases/infections:

(*droplets do not remain in the air and generally travel short distances of 3 feet or less).
Adenovirus, Diphtheria, *Haemophilus influenzae*, *Influenzae*, Multidrug resistant *Streptococcus pneumoniae*, Mumps, *Mycoplasma pneumoniae*, *Neisseria meningitidis*, Parainfluenza virus, Parvovirus B19 (in patients with immunodeficiency or hemolytic diseases), Pertussis, Plague (pneumonic), Respiratory syncytial virus, Rubella, *Streptococcal pharyngitis*, pneumonia or scarlet fever.

The precautions for Droplet Precautions include:

- Private room (preferred)
- Cohort has same infection or maintain at least 3 feet between the patients.
- Mask within 3 feet of patient
- Limit patient movement and transport, place mask if needed.

Airborne Precautions should be taken for the following diseases/infections:

Measles
Varicella (or disseminated zoster)
Tuberculosis
Small Pox
SARS - COV
Monkey Pox

Spills

If you have caused a blood or body fluid spill, minimize your risk of exposure by containing, removing, and disinfecting the spills as soon as possible.

Vaccinations

OSHA requires that hepatitis B vaccines be available to all hospital employees who may be exposed to blood or other potentially infectious materials.

Vaccinations are recommended for:

- diphtheria/tetanus
- Hepatitis A & B
- Influenza
- Mumps
- Poliomyelitis
- Rubella
- Varicella

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.

OSHA reference: 29 CFR 1910.1030. See your employer if you would like to view this information. Your employer is required to make this information available to you.

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-VRA.

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.

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 common waiting areas for persons with respiratory infections

What is Staph? - *Staphylococcus aureus*, or "Staph". Bacteria are one of the most frequent causes of skin infections in the US. These skin infections are minor most of the time, but, Staph can also cause serious wound infections, bloodstream infections and pneumonia. Staph can also be found on or in the skin in the noses of healthy people and do not usually cause illness. Staph can cause minor skin infections such as pimples or boils that can be red, swollen and painful, and often have pus or other drainage. These infections can be treated with antibiotics.

What is MRSA? Methicillin-resistance *Staphylococcus aureus*, or MRSA is a type of staph that are resistant to certain antibiotics making them more difficult to treat. In the past, MRSA was usually seen in hospitals, long term care facilities and prisons. However, community-associated MRSA (CA-MRSA) is becoming more prevalent in general population especially among children, care givers, in day cares centers and athletes.

10 Facts about MRSA

Commented [CR4]: New

1. Anyone can get MRSA. Even Healthy people with health skin.
2. People can become infected with MRSA by touching any infected person or contaminated objects and services. The bacteria can then enter the body through cuts, scrapes or other openings of the skin.
3. Even though MRSA skin infections are resistant to certain antibiotics, early diagnosis and treatment can stop the infection from getting worse.
4. MRSA can spread easily among people who spend time in close contact with each other, such as football and wrestling athletes.
5. MRSA is not spread through droplets in the air like colds and flu.
6. High risk behaviors for contact are:
 - Sharing personal care items, like razors, bar soap, cosmetics, towels, athletic gear or syringes.
 - Getting tattoos or body piercings with unsterile equipment.
 - Any sexual activity or close physical contact with MRSA-infected person.
7. Cover skin infections with clean bandages. Pus and drainage from the infection can easily spread to others.
8. Persons with weakened immune systems, including those with HIV infection may be at risk for more severe illnesses if infected with MRSA.
9. MRSA usually causes minor skin infections such as pimples or boils. They are often mistaken for spider bites, If left untreated, these infections can spread to the bloodstream or lungs causing serious illness or possible death. Seek medical attention if you suspect a MRSA skin infection.
10. Tell your health care providers if you have a history of MRSA skin infection.

Ways to protect yourself from MRSA

1. Insure that all cuts, scratches or scrapes are covered with a bandage to protect intact skin from all bacteria, not just MRSA.
2. Keep hands clean by washing them or using alcohol-based hand sanitizer.
3. Don't share personal items such as, razors, toothbrushes, towels, uniforms and equipment.
4. Avoid contact with other people's wounds or bandages.
5. Shower after playing sports or going to the gym or health club.
6. If possible place a barrier (towel or clothing) between your skin and the equipment such as mats, weight benches or treadmill handles. Wipe surface with disinfectant before and after use.

7. Wash bedding, towels and clothes that may have come in contact with infected skin, wounds or bandages with detergent or bleach and hot water. Dry in hot air dryer to aide in killing the bacteria.

Take antibiotics wisely.

There are two main pathogens (germs) – bacteria and viruses – cause most infections. Antibiotics can only cure illness caused by bacteria, they cannot kill viruses.

Take medicine as prescribed by your health care provider – ALWAYS complete the full course for antibiotics, even if you start to feel better. Never save the medicine to use later or give to others.

Viruses cause most sore throats, colds and the flu, as well as coughs (bronchitis) and middle ear and sinus infections. Recovery from VIRAL infections occurs when the infection has run its course.

What is Clostridium Difficile – C Diff?

C. diff is a bacterium. Microscopically it is referred to as gram positive and rod-shaped. It exists best in low oxygen environment. It was first described in 1935 and is considered one of the most common causes of infections in the colon.

C. diff can be found in uninfected persons. However, people taking antibiotics are risk of becoming infected with this bacterium as antibiotics disrupt the normal bowel bacteria and allows C Diff to grow rapidly. The growth of C Diff in the colon leads to inflammation of the colon (colitis, specifically pseudomembranous colitis). Adults age 65 years or older are at high risk to become infected.

Microorganisms can spread from person-to-person by touch or by direct contact with objects and surfaces, (for example, clothing, cell phones, door handles. Some people are carriers of the bacterium but have no symptoms of infection. However, they are still infected with the bacteria and can spread the infection to others.

Mild symptoms of C Diff

A person with a mild case of C Diff infection may have symptoms of:

- Low grade fever
- Watery stools for five to ten days (mild diarrhea) and
- Mild abdominal cramps and tenderness.

A person with severe case of C diff infection may have symptoms of:

- High fever of 102 to 104 F (39 to 40 C)
- More than ten watery stools a day (severe diarrhea) with blood
- Severe abdominal pain and tenderness.

How do I know if I have an infection caused by C Diff?

Although the incubation period for *Clostridium difficile* is not precisely known, researchers suggest that the incubation period is about seven days, if the conditions are favorable for bacterial proliferation. However, a person may acquire C diff and develop no infection symptoms, but colonized for extended time periods (years) until conditions develop.

How do I know if I am no longer contagious with C Diff?

People infected with C diff who become ill are usually treated with special antibiotics, here are a few that is commonly used, (metronidazole (Flagyl), vancomycin (Vancocin), rifaximin (Xifaxan) and or fidaxomicin for about 10 to 14 days. Some severe infections may require intravenous antibiotics and even surgery.

When should I seek medical care for C Diff?

If you or someone you know develops mild to moderate watery diarrhea, cramping abdominal pain, anorexia, fatigue and fever, especially after taking antibiotics, seek medical care. If you or someone you know becomes dehydrated, has a fever, decreased bowel sounds and or abdominal rigidity and possible perforation of the colon with very tender abdomen, you should seek medical attention immediately.

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.

Cleaning Products

It is staff's responsibility to keep surfaces clean and germ free. The most effective cleaner for killing germs, including MRSA, is a bleach solution. Suggestions for bleach solutions are below.

Depending on the level of the people you are supporting, you may need to keep all cleaning products under lock and key. Some people with developmental disability have died because they drank cleaning products.

Bleach Solutions for Cleaning

Solution #1

This cleaning solution can be used for bathrooms, incontinent brief changing areas and floors.

Ingredients

1/4 cup bleach
1 gallon tap water

Procedure

- Put on disposable gloves and apron (if necessary).
- Add the bleach (5.25% sodium hypochlorite) to the water.
- Carefully mix well.
- Temporarily store in closed, labeled container in cool, dark, locked storage area.
- Remake daily.

Solution #2

This solution is for cleaning eating utensils, counter tops, or anything which people may put in their mouth or anything which comes into contact with bodily fluids.

Ingredients

1 Tablespoon bleach
1 gallon tap water

Procedure

- Put on disposable gloves.
- Add the bleach (5.25% sodium hypochlorite) to the water.
- Carefully mix well.
- Temporarily store in closed, labeled container in cool, dark, locked storage area.
- Remake daily.

Note: Never mix bleach with anything but fresh tap water. This especially includes ammonia and other cleaning products. Doing so may cause a toxic chlorine gas.

Material Safety Data Sheets

DSPs should understand how to read the labels of cleaning products to determine which ones are dangerous if ingested. The way to find out information about any cleaning product is to look at the Material Safety Data Sheet (MSDS). This is the information from the producer about the ingredients.

Assessing Health Needs

People with developmental disabilities have the same health issues that anybody else does. They have colds, the flu, stomach aches, etc. Your role regarding the symptoms of an illness that an individual may display involves listening, questioning, observing and documenting.

Listening: Listen to what people say, such as:

- My stomach hurts
- I have a headache
- I don't feel well
- My tooth hurts

Questioning: You might ask questions, such as:

- Are you sick?
- Does it hurt somewhere? Show me.
- Can you tell me about it?

Observing: You might notice the following:

- Groaning
- Holding stomach/head, etc.
- Throwing up
- Discolored skin
- Change in behavior

Documenting:

Subjective vs. Objective Documentation

Objective Documentation is writing what you can see, hear, touch or smell.

Subjective Documentation is given by the individual, family members, or others. They include experiences, such as feelings they have or what the individual describes to you, such as pain.

One of your responsibilities will be to report your observations in progress notes. Any medically-related issue which comes up on your shift must be communicated to the nurse and/or other staff. Remember to be objective when reporting and report only the facts.

Insert agency's policies and procedures on documentation here.

Subjective and Objective Documentation Quiz

DIRECTIONS: Read each documentation example. Determine which is subjective and which is objective and tell why you think that.

Example #1:

John must have fallen out of bed because he said his arm hurt. It's probably not broken.

Example #2:

John had three bruises on his right arm. They measured 4" x 3" each. The bruises were reddish in color and swollen in appearance.

Scenario 1

Instructions: Read the following scenario. Then write a sample progress note based on what you might see. When you are finished, check the example on the next page to see if yours is similar.

Mary is a 32-year-old woman with mild mental retardation who lives in a group home. She approached you, the authorized DSP, and stated that she had a sore throat and wanted some Tylenol. As you get the medication, you notice she also has a runny nose and is coughing. You give her two Tylenol tablets, as the doctor had previously recommended for pain, according to the PRN Protocol.

Write your progress note here:

Scenario 2

Dorothy is a non-verbal, severely handicapped adult. She is in your classroom for the day. She begins to use her L hand and slap her forehead. This is an unusual behavior for her. You take her blood pressure and temperature. Her BP is 180/90 and her temperature is 100. You inform the appropriate supervisor (Q or Nursing staff) or your concerns.

Write your progress note here:

Confidentiality Is Everybody's Business

Confidentiality and HIPAA

DSPs may observe and have access to person's sensitive and protected health information (PHI). PHI includes names, address and diagnosis and treatment of individuals, their mental and physical condition and even the fact that the people receive 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. DSPs should protect people's PHI; for example:

Restrict access to areas where PHI is openly available, and lock file cabinets.

Shred documents containing PHI before discarding them.

Conversation involving PHI should be conducted in areas away from unauthorized people.

Caution and care should be taken when faxing PHI to ensure it does not get in the hands of unauthorized people.

Remember, the best safeguards can be defeated by something as simple as a post-it note or idle gossip. HIPAA compliance requires a culture of privacy. This includes both deliberate and accidental disclosure of information, such as:

- Leaving confidential papers where others can see them.
- Discussing confidential consumer information with others.
- Revealing your computer password to others.
- Providing confidential information by telephone.
- E-mailing confidential information to others who do not need to know.

You will be disciplined for breaches of confidentiality.

Refer to your agency's privacy statement.