

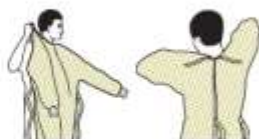
Donning: Put on Personal Protective Equipment (PPE)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



Doffing: Remove Personal Protective Equipment (PPE) – Ex. 1

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, letting care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Doffing: Remove Personal Protective Equipment (PPE) – Ex. 2

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



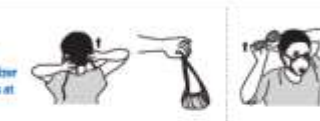
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



EQUIPMENT CLEANING & DISINFECTION

- CLEAN AND DISINFECT ALL REUSABLE MEDICAL EQUIPMENT INCLUDING COMPUTERS, WHEELCHAIRS/STRETCHERS AND TECHNOLOGICAL DEVICES THAT ENTER PATIENT CARE AREAS. ALL EQUIPMENT SHOULD BE CLEANED ONCE REMOVED FROM AN ISOLATION ROOM PRIOR TO BEING USED ON ANOTHER PATIENT.
- SOILED MEDICAL EQUIPMENT AND DEVICES SHOULD BE HANDLED IN A MANNER THAT PREVENTS THE TRANSFER OF MICROORGANISMS
- WEAR GLOVES WHEN HANDLING EQUIPMENT THAT IS CONTAMINATED OR VISIBLY SOILED AND PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVAL OF GLOVES.
- BLOOD PRESSURE CUFFS AND STETHOSCOPES ARE TO BE CLEANED AND DISINFECTED AT A **MINIMUM** DAILY, WHEN VISIBLY SOILED, AFTER ENCOUNTERING BLOOD/BODY FLUIDS, OR WITH NON-INTACT SKIN.
- GLUCOSE METERS, COAGULATION METERS, AND ANY OTHER EQUIPMENT THAT ROUTINELY CONTACTS BLOOD/BODY FLUID MUST BE DISINFECTED AFTER EACH USE.



EQUIPMENT CLEANING AND DISINFECTION

WOWS/KEYBOARDS USED IN CLINICAL AREAS:

- CLEAN AND DISINFECT DAILY, OR IMMEDIATELY IF SOILED
- CLEAN/DISINFECT BEFORE REMOVING FROM AN ISOLATION ROOM (KEYBOARD, MOUSE, WOW TABLE). CLEAN (WHEN NECESSARY OR VISIBLY SOILED) THE WOW CART FRAMEWORK
- PERFORM HAND HYGIENE BEFORE TOUCHING THE COMPUTER (AFTER REMOVING GLOVES OR BETWEEN PATIENT CARE TASKS)
- NO FOOD/DRINKS SHOULD EVER BE PLACED ON OR NEAR A WOW

ALARIS IV PUMPS:

SHOULD BE SENT TO CENTRAL SUPPLY FOR CLEANING AFTER EACH PATIENT USE

IF YOUR DEPARTMENT PROCESSES YOUR OWN IV PUMPS, PLEASE REFER TO THE SUPPLY CHAIN MANAGEMENT POLICY AND PROCEDURE: *CS-D-09 DECONTAMINATION CLEANING/DISINFECTION OF IV PUMPS*. PLEASE UTILIZE YOUR UNIT'S STANDARDIZED PROTOCOL.

EQUIPMENT CLEANING AND DISINFECTION

HANDHELD EQUIPMENT BEING RETURNED TO SPD DECONTAMINATION AREA

- Gross soilage is removed at the point of use: place equipment in the open or unhinged positions in a red rigid biohazardous container. Ensure all surfaces of the equipment are kept moist to prevent organic soils from drying.
- Required PPE must be worn when handling dirty/contaminated instruments. Items must be transported to the SPD decontamination area for reprocessing in a clean, puncture resistant, labeled, biohazardous container.
- All equipment must be decontaminated by central supply or the user department prior to servicing by the Biomedical Engineering Department. If not possible, a biohazard sign must be placed on the contaminated portions prior to sending for outside servicing.

WHICH DISINFECTANT TO USE?

Please check the manufacturer cleaning recommendations before choosing a disinfectant. Also, read the label on the disinfectant and know the correct contact or wet time for the product you are using.

*** Please refer to Supply Chain communications for any substitutions***



PDI SUPER SANI CLOTH (purple top—contains 55% alcohol) to be used for routine disinfection of equipment unless it is known that another product is specifically recommended by the manufacturer. Leave disinfectant wet on surface for 2 minutes and allow to air dry.

2 minutes



PDI BLEACH WIPES (orange top) contains bleach and may be used to clean up areas with large amounts of blood, environmental surfaces, and equipment from patients with *C. difficile* unless contraindicated by manufacturer recommendations. Leave disinfectant wet on surface for 4 minutes and allow to air dry.

4 minutes



CLOROX HYDROGEN PEROXIDE WIPES (green top) for use on equipment per specific manufacturer recommendations. Leave disinfectant wet on surface for 1 minute and allow to air dry. If known or suspected norovirus, leave wet for 3 minutes.

1 minute or 3 minutes



PDI SANI CLOTH PLUS (red top) suitable for use on equipment that requires a lower alcohol formula per recommendation by the manufacturer. Leave disinfectant wet on surface for 3 minutes and allow to air dry.

3 minutes



PDI SANI CLOTH HB (green/teal top) to be used only when equipment cannot tolerate bleach or alcohol. Leave disinfectant wet on surface for 10 minutes and allow to air dry.

10 minutes



VIREX II 256 EVS general cleaner/disinfectant. One-step disinfectant cleaner and deodorant. Apply solution to hard, non-porous environmental surfaces.

All surfaces must remain wet for 10 minutes.

10 minutes

HANDLING SOILED LINEN

- SOILED LINEN MUST BE HANDLED AND COLLECTED IN ACCORDANCE WITH OSHA REGULATIONS AND FEDERAL GUIDELINES. THIS LIMITS POTENTIAL EXPOSURE OF PATIENTS, HOSPITAL PERSONNEL, OR LAUNDRY PERSONNEL TO BLOODBORNE PATHOGENS OR OTHER INFECTIOUS AGENTS.
- **SOILED LINEN MUST BE ASSUMED TO BE CONTAMINATED.**
- STANDARD PRECAUTIONS MUST BE FOLLOWED WHILE HANDLING ANY SOILED LINEN.
- SOILED LINEN SHOULD BE COLLECTED AND HANDLED ONLY AS NECESSARY AND MUST NOT BE SORTED OR RINSED IN PATIENT-CARE AREAS.
- PLACE ALL USED LINEN IN THE DESIGNATED LAUNDRY BAGS, ONLY 2/3RD FULL. REMOVE AIR FROM THE BAG AND TIE THE TOP SECURELY BEFORE PLACING IN THE LAUNDRY CHUTE/BIN.



SAFE INJECTION PRACTICES

THE FOLLOWING SAFE PRACTICES SHOULD BE FOLLOWED BY ALL HEALTHCARE PROVIDERS WHO ADMINISTER INJECTIONS:

- STORE AND PREPARE ALL MEDICATIONS IN CLEAN AREAS
- ALWAYS USE A STERILE, SINGLE-USE DISPOSABLE SYRINGE & NEEDLE FOR EACH INJECTION.
- PERFORM HAND HYGIENE AND USE ASEPTIC TECHNIQUE TO AVOID CONTAMINATION OF STERILE INJECTION EQUIPMENT/MEDICATION VIALS. INSPECT ALL PRODUCTS BEFORE USE
- STERILE PACKAGING SHOULD BE OPENED IMMEDIATELY PRIOR TO USE. THE MEDICATION VIAL SHOULD BE DISINFECTED IMMEDIATELY PRIOR TO ACCESSING
- DISINFECT THE PORT/HUB PRIOR TO EACH IV ACCESS
- DO NOT ADMINISTER MEDICATIONS FROM SINGLE-DOSE VIALS/AMPULES/SYRINGES TO MULTIPLE PATIENTS
- DO NOT COMBINE LEFTOVER CONTENTS FOR LATER USE ON THE SAME PATIENT IF MULTIDOSE VIALS MUST BE USED
- BOTH THE NEEDLE/CANNULA AND SYRINGE USED TO ACCESS THE MULTIDOSE VIAL MUST BE STERILE. DO NOT LEAVE A NEEDLE IN A MULTI-DOSE VIAL.
- USE SINGLE-DOSE VIALS FOR PARENTAL MEDICATIONS WHENEVER POSSIBLE.
- IV TUBING AND FLUID INFUSION SETS ARE SINGLE PATIENT ONLY.
- CONSIDER A SYRINGE/NEEDLE CONTAMINATED ONCE IT HAS BEEN USED TO ENTER OR CONNECT TO A PATIENT'S IV INFUSION BAG/TUBING
- DO NOT KEEP MULTIDOSE VIALS IN THE IMMEDIATE PATIENT TREATMENT AREA. STORE IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS. DISCARD IF STERILITY IS COMPROMISED OR QUESTIONABLE.
- DISPOSE OF NEEDLES/SYRINGES AT THE POINT OF USE IN AN APPROVED SHARPS CONTAINER. DO NOT STORE NEEDLES, SYRINGES, OR SOLUTIONS OUTSIDE OF THEIR STERILE PACKAGING, IN POCKETS, OR CLOTHING.

SHARPS HANDLING/DISPOSAL SAFETY

POLICY ACLIN-W-01 AND INF-CNTRL-S-0



THE FOLLOWING SAFE PRACTICES SHOULD BE FOLLOWED BY ALL HEALTHCARE PROVIDERS PER OSHA GUIDELINES:

- ASSOCIATES WILL HANDLE/DISPOSE OF NEEDLES AND SHARPS IN A SAFE MANNER IN ORDER TO PROTECT SELF, PERSONNEL, PATIENTS, AND VISITORS FROM THE RISK OF INJURY AND BLOODBORNE INFECTION.
- DISPOSABLE SHARPS AND INTACT NEEDLE/SYRINGE UNITS MUST BE DISCARDED IMMEDIATELY OR AS SOON AS POSSIBLE INTO A DESIGNATED SHARPS DISPOSAL CONTAINER. THE USER SHOULD DISCARD THE SHARP.
- SHARPS CONTAINERS MUST HAVE LIDS SECURELY ATTACHED, BE ALWAYS MAINTAINED UPRIGHT , BE PUNCTURE & LEAK RESISTANT, AND LABELED AS *BIOHAZARD*.
- MOST REUSABLE SHARPS CONTAINERS IN THE HEALTHCARE SYSTEM ARE ROUTINELY EXCHANGED BY A CONTRACT COMPANY. IN AN EMERGENCY, REPLACEMENT CONTAINERS ARE AVAILABLE FROM THE ENVIRONMENTAL SERVICES DEPARTMENT.
- SHARPS CONTAINERS ARE TO BE SECURELY CLOSED WHEN $\frac{3}{4}$ FULL (TO FILL LINE).
- USED NEEDLES MAY NOT BE RECAPPED BY HAND OR REMOVED FROM SYRINGES BY HAND. IF AN UNCAPPED NEEDLE IS FOUND, USE AN INSTRUMENT TO PICK UP THE NEEDLE AND PLACE THE NEEDLE INTO AN APPROVED SHARPS CONTAINER.

INFECTIOUS WASTE DISPOSAL

- USE RED BAGS FOR ALL INFECTIOUS WASTE
- DO NOT OVERFILL (2/3 FULL)
- SECURELY TIE BAGS CLOSED -USING A GOOSE-NECK TYPE TIE
- DO NOT STACK BAGS ON TOP OF EACH OTHER
- CONTACT EVS FOR ADDITIONAL INFECTIOUS WASTE STORAGE CONTAINERS WHEN NEEDED FOR YOUR AREA

Clean up of Spills

- MINIMIZE YOUR RISK OF EXPOSURE BY CONTAINING, REMOVING, AND DISINFECTING ALL BLOOD/BODY FLUID SPILLS AS QUICKLY AND EFFECTIVELY AS POSSIBLE.
- USE THE APPROVED HOSPITAL DISINFECTANTS.
- APPROPRIATE PPE MUST BE WORN DURING CLEAN UP OF SPILLS.

REFER TO POLICY SPIL SAF-S-09



OSHA BLOODBORNE PATHOGEN

IN ACCORDANCE WITH THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) REGULATION, SEH HAS INSTITUTED AND MAINTAINS CONTROLS TO ELIMINATE OR MINIMIZE ASSOCIATE EXPOSURE TO BLOODBORNE PATHOGENS.

- THE OBJECTIVES OF THE **BLOODBORNE PATHOGEN PROGRAM** IS TO:
 - PROTECT ASSOCIATES FROM THE HEALTH HAZARDS ASSOCIATED WITH BLOODBORNE PATHOGENS
 - PROVIDE APPROPRIATE TREATMENT, COUNSELING AND RECORDKEEPING SHOULD AN ASSOCIATE BE EXPOSED TO BLOODBORNE PATHOGENS
 - DEFINE TERMS ASSOCIATED WITH BLOODBORNE PATHOGENS
 - DISCUSS BLOODBORNE PATHOGENS – HEPATITIS C, HEPATITIS B, AND HIV/AIDS
 - LIST WHAT TO DO IN THE EVENT OF AN EXPOSURE TO A BLOODBORNE PATHOGEN



OSHA WORK PRACTICE CONTROLS

WORK PRACTICE CONTROLS - PROCESSES THAT REDUCE THE RISK OR ELIMINATE EXPOSURE TO BLOOD OR OPIIM (OTHER POTENTIALLY INFECTIOUS MATERIALS).

EXAMPLES OF **WORK PRACTICE CONTROLS** INCLUDE:

- APPROPRIATE HAND HYGIENE/GLOVES/PPE
- USE OF SHARPS SAFETY PRODUCTS/DISPOSAL PRACTICES
- PROHIBITED EATING/STORAGE OF FOOD IN WORK AREAS
- PROPER SPECIMEN HANDLING/TRANSPORT POLICIES
- CORRECT HANDLING OF SOILED EQUIPMENT, LINENS AND HAZARDOUS WASTE
- MECHANICAL PIPETTING

OSHA WORK PRACTICE CONTROLS

ADDITIONAL WORK PRACTICE CONTROLS INCLUDE:

- **EATING, DRINKING, APPLYING COSMETICS OR LIP BALM, OR HANDLING CONTACT LENSES ARE PROHIBITED IN WORK AREAS WHERE THERE IS A REASONABLE LIKELIHOOD OF OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS.**
- FOOD OR DRINK MAY NOT BE PLACED IN REFRIGERATORS, FREEZERS, SHELVES, CABINETS, OR COUNTER TOPS WHERE BLOOD OR OTHER BODY SUBSTANCES MAY BE PRESENT.
- MOUTH PIPETTING/SUCTIONING OF BLOOD OR OTHER BODY FLUIDS IS PROHIBITED, AND ONLY MECHANICAL PIPETTING OR SUCTIONING IS ALLOWED.
- ALL PROCEDURES INVOLVING BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS SHALL BE PERFORMED IN SUCH A MANNER AS TO MINIMIZE SPLASHING, SPRAYING, AND GENERATION OF DROPLETS OF THESE SUBSTANCES.
- SUPPLY CARTS ARE TO BE STORED IN CLEAN AREAS AND ARE NOT TO BE TAKEN INTO PATIENT ROOMS. CARTS WITH CLEAN OR STERILE SUPPLIES ARE NEVER TO BE USED AS RECEPTACLES FOR DIRTY SUPPLIES OR ITEMS.

OSHA ENGINEERING CONTROLS

ENGINEERING CONTROLS ARE ITEMS OR EQUIPMENT THAT ARE DESIGNED TO REDUCE OR ELIMINATE THE RISK OF EXPOSURE TO BLOOD OR BODY FLUIDS.

EXAMPLES OF **ENGINEERING CONTROLS** INCLUDE:

- SHARPS SAFETY PRODUCTS
- LEAK PROOF SPECIMEN CONTAINERS
- LABORATORY EQUIPMENT
- SAFETY SHIELDS
- NEEDLE FREE IV ACCESS SYSTEMS

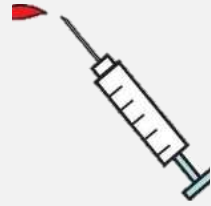
BIOHAZARD SYMBOL



Biohazard signs are always **red** or **orange** and have the biohazard symbol.

THE BIOHAZARD SYMBOL IS A UNIVERSAL SYMBOL PLACED ON ANY CONTAINER OR AREA THAT MAY CONTAIN INFECTIOUS WASTE OR POTENTIALLY INFECTIOUS MATERIAL, E.G. SOILED UTILITY ROOM DOORS, LABORATORY SPECIMEN TRANSPORT DEVICES, LINEN BAGS.

BLOODBORNE PATHOGENS



Bloodborne Pathogen – germs which may be present in blood or other body fluids that can cause diseases. Transmission may occur due to exposure to blood through needle stick and other sharps injuries, mucous membrane, and skin exposures.



Examples of **Bloodborne Pathogens** include:

Hepatitis C
Hepatitis B
HIV/AIDS

HEPATITIS



HEPATITIS IS AN INFLAMMATION OF THE LIVER. HEPATITIS IS MOST OFTEN CAUSED BY A VIRUS. IN THE US, THE MOST COMMON TYPES OF VIRAL HEPATITIS ARE:

- HEPATITIS B
- HEPATITIS C

HEPATITIS B

Hepatitis B transmission occurs when blood from an infected person enters the body of someone who is not infected via sharing needles/razors, birth, needle sticks, sexual contact, direct contact with blood of an infected person.

Can be **acute** (short term illness that occurs within the first 6 months after exposure) or **chronic** (the Hepatitis B virus lives in the body).

Symptoms include: Fever, Fatigue, Loss of appetite, Nausea/Vomiting, Abdominal Pain, Dark urine, Clay colored stool, Joint Pain, Jaundice

Treatment: While there is no “cure”, treatment can render the virus inactive to prevent liver damage.

Vaccines are available for Hepatitis B, given as a series of 3 injections over 6 months.

Per the **OSHA guideline**, the vaccine is available to all hospital associates whose job may expose them to blood or other potentially infectious material.

HEPATITIS C



Hepatitis C is spread when blood from an infected person enters the body of someone who is not infected via needle/razor sharing, birth, blood transfusions prior to 1992, needle sticks, sex.



Acute Hepatitis C infection – short term illness that occurs within 8 weeks to 6 months after exposure.



Chronic Hepatitis C infection – Long term illness that occurs when the Hepatitis C virus lives in the body. Hepatitis C infection can cause liver problems; for example, cirrhosis (scarring of the liver).



Symptoms include: Fever, Fatigue, Loss of appetite, Nausea/Vomiting, Abdominal Pain, Dark urine, Clay colored stool, Joint Pain, Jaundice

Hepatitis C Treatment: There are several medications available to treat chronic Hepatitis C.



There is no current vaccine available for Hepatitis C; however, research is underway.

HIV/AIDS

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS.

AIDS (Acquired Immune Deficiency Syndrome) is a blood borne viral illness caused by the Human Immunodeficiency Virus (HIV).

HIV/AIDS can be transmitted via:

- Direct contact with blood or OPIM of an infected person (i.e. needle stick)
- IV drug use/sharing needles
- Tattoos
- Birth
- Intimate relations with an infected partner

HIV and bloodborne diseases are NOT spread through:

- Casual contact , e.g. sharing food, hugging or shaking hands, using public restrooms, etc.
- Donating blood
- Bites from mosquitoes or other insects.

EXPOSURE TO BLOOD/BODY FLUIDS



WHAT IS AN EXPOSURE?

- AN EXPOSURE IS DIRECT, UNPROTECTED CONTACT WITH BLOOD, BLOOD DERIVED FLUIDS, OR OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) IN EYES, MOUTH OR OTHER MUCOUS MEMBRANES, NON-INTACT SKIN, OR A PARENTERAL ROUTE SUCH AS A SHARPS INJURY.
- BODY FLUIDS ON CLOTHING OR INTACT SKIN ARE NOT CONSIDERED AN EXPOSURE.
 - IMMEDIATELY PERFORM **SITE CARE**: FOR A WOUND, WASH WITH SOAP AND WATER, RINSE COPIOUSLY. IF MUCOUS MEMBRANES, FLUSH WITH WATER. FLUSH EYES WITH WATER OR SALINE SOLUTION.

DO NOT APPLY CAUSTIC AGENTS, OR INJECT ANTISEPTICS, OR DISINFECTANTS INTO THE WOUND.

EXPOSURE TO BLOOD/BODY FLUIDS CONTINUED



STEPS TO FOLLOW FOR AN EXPOSURE

- PROMPTLY NOTIFY ASSOCIATE HEALTH
 - **301-6265** DURING OFFICE HOURS (MON-FRI. 7AM-5PM)
 - OFFSITE OFFICE LOCATION: 375 THOMAS MORE PARKWAY SUITE 205
 - IF AFTER HOURS, NOTIFY THE NURSING HOUSE SUPERVISOR
- COMPLETE THE OPIM EXPOSURE INCIDENT CHECKLIST AND THE ASSOCIATE INCIDENT REPORT (ON INTRANET UNDER QUICK LINKS)
- INCLUDE SOURCE PATIENT'S NAME AND DATE OF BIRTH IF AVAILABLE (WRITE "UNKNOWN SOURCE" IF PATIENT INFO IS NOT AVAILABLE)
- PROMPTLY TAKE THE ABOVE DOCUMENTS TO THE OUTPATIENT LAB. IF AFTER HOURS: GO TO THE ED REGISTRATION

EXPOSURE TO BLOOD/BODY FLUIDS CONTINUED



- TESTING WILL BE ORDERED BY THE LAB ON BOTH THE ASSOCIATE AND THE SOURCE (WHEN AVAILABLE)
- ASSOCIATE HEALTH WILL PROVIDE THE WRITTEN TEST RESULTS OF THE KNOWN SOURCE AND ASSOCIATES' BASELINE TESTS WITHIN 15 DAYS OF COMPLETION OF TESTS. DIRECTIONS FOR APPROPRIATE FOLLOW-UP PROTOCOLS WILL BE PROVIDED AT THAT TIME.

CONTACT ASSOCIATE HEALTH FOR ADDITIONAL QUESTIONS

FOR COMPLETE INFORMATION, SEE HUMAN RESOURCES POLICY/PROCEDURE HR-HS-12: ***EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL (OPIM)***.

TUBERCULOSIS OBJECTIVES

- THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PUBLISHES AND ENFORCES NATIONAL GUIDELINES FOR TB INFECTION CONTROL.
- THE PRIMARY EMPHASIS OF THE TB EXPOSURE CONTROL PLAN IS TO ACHIEVE THREE GOALS:
 - EARLY DETECTION
 - PROMPT ISOLATION
 - PROMPT TREATMENT



TB TRANSMISSION



Pulmonary TB spreads from the lungs of an infected person to another person through the air via:

Coughing

Sneezing

Singing

Talking

Or anytime air is forcibly expelled from the lungs



People can become infected when they breathe in air containing TB germs. These germs can stay in the air for several hours depending on the environment.



Individuals who may be at risk for developing TB include:

Elderly

Persons living in under- developed countries

Alcoholics

Intravenous drug user (IVDU)

Homeless persons

People with chronic diseases

Persons with certain medical conditions including HIV, cancer, and diabetes are at a higher risk of developing active TB disease if infected

TUBERCULOSIS

TB symptoms include:

- Feelings of sickness or weakness
- Weight loss
- Fever
- Night sweats
- Coughing/coughing up blood (>3 weeks)
- Chest pain

Persons suspected are evaluated in the following ways:

- Physical examination
- Tuberculin skin test (sometimes called a PPD)
- Chest X-ray
- Sputum smear and culture

Once infected, TB may remain dormant (asleep) in the body while the immune system is strong.

TB disease may develop shortly after inhaling the TB germ, later as the immune system slows down, or never develop active disease.

ACTIVE VS LATENT TUBERCULOSIS

ACTIVE TB: BACTERIA BECOME ACTIVE AND MULTIPLY IF THE IMMUNE SYSTEM CAN'T STOP THEM FROM GROWING.

- CAPABLE OF SPREADING THE INFECTION TO OTHERS AND REQUIRE **AIRBORNE ISOLATION** (MUST BE IN A DESIGNATED NEGATIVE PRESSURE VENTILATED ROOM)
- CAN USUALLY BE TREATED WITH A COURSE OF SEVERAL ANTI-TUBERCULOSIS DRUGS (6-9 MONTHS)
- IT IS VERY IMPORTANT THAT PEOPLE WHO HAVE TB DISEASE FINISH THE MEDICINE AND TAKE THE DRUGS EXACTLY AS PRESCRIBED. IF THEY STOP TAKING THE DRUGS TOO SOON, THEY CAN BECOME SICK AGAIN.

LATENT TB: PERSONS WHO HAVE THE TB GERM IN THEIR BODY BUT DO NOT BECOME ILL

- HAVE NO SYMPTOMS AND DON'T FEEL SICK/ CAN'T SPREAD TB BACTERIA TO OTHERS
- USUALLY HAVE A POSITIVE TB SKIN TEST REACTION OR POSITIVE TB BLOOD TEST
- MAY DEVELOP TB DISEASE IF THEY DON'T RECEIVE TREATMENT: OFTEN PRESCRIBED A COURSE OF ONE DRUG ANTI-TUBERCULOSIS TREATMENT TO PREVENT THEM FROM DEVELOPING THE DISEASE.

ISOLATION GUIDELINES FOR TB

- IF SIGNS AND SYMPTOMS OF TB ARE PRESENT: **AIRBORNE ISOLATION** MUST BE ORDERED
- PATIENT MUST BE PLACED IN PROPERLY VENTILATED NEGATIVE PRESSURE ROOM (DESIGNATED BY A BLUE DOT AND/OR A GAUGE VISIBLE OUTSIDE THE ROOM). PLANT ENGINEERING IS RESPONSIBLE FOR CHECKING THE APPROPRIATE PRESSURES OF THESE ROOMS DAILY.
- TRANSFERS TO APPROPRIATE ISOLATION ROOMS MUST OCCUR WITHIN FIVE HOURS OF THE ORDER FOR ISOLATION. WHILE AWAITING TRANSFER, THE PATIENT SHOULD WEAR A SURGICAL MASK AND BE PLACED IN AN AREA THAT WILL REDUCE EXPOSURE TO OTHERS. DOOR TO PATIENT ROOM MUST REMAIN CLOSED EXCEPT FOR ENTRY AND EXIT
- **ALL** HEALTHCARE WORKERS ENTERING THE ISOLATION ROOM MUST WEAR A N95 RESPIRATOR OR A POWERED AIR PURIFIER RESPIRATOR (PAPR). (FIT TESTING PROGRAM IS OVERSEEN BY ASSOCIATE HEALTH. INITIAL AND ANNUAL EVALUATIONS ARE REQUIRED)
- THESE PATIENTS SHOULD REMAIN IN ISOLATION UNTIL THE DIAGNOSIS OF TB HAS BEEN RULED OUT, OR UNTIL CONDITION IMPROVES.

TB PATIENT TRANSPORT

TRANSPORT OF PATIENTS

- SHOULD NOT ROUTINELY BE MOVED FROM THEIR ROOMS UNLESS IT IS A MEDICAL NECESSITY
- PATIENT SHOULD WEAR A WELL-FITTING SURGICAL MASK WHILE OUT OF THE ROOM (MUST BE COOPERATIVE AND COMPLIANT).
- THE TRANSPORTER DOES NOT NEED TO WEAR RESPIRATORY PROTECTION OUTSIDE THE ISOLATION ROOM AS LONG AS THE PATIENT IS MASKED.
- PROCEDURES TO BE DONE OUTSIDE THE PATIENT'S ROOM SHOULD BE COORDINATED WITH THE HOST DEPARTMENT AT A TIME OF LOW PATIENT CENSUS AND ACTIVITY (END OF THE DAY).



TB DISCONTINUATION OF ISOLATION

DISCONTINUATION OF ISOLATION FOR TB PATIENTS

- AIRBORNE PRECAUTIONS MAY BE DISCONTINUED BY THE PHYSICIAN OR INFECTION CONTROL WHEN:
 - TB HAS BEEN RULED OUT BY THE PHYSICIAN AND ANOTHER CLINICAL DIAGNOSIS IS MADE THAT EXPLAINS THE CLINICAL SYNDROME
 - TB POSITIVE PATIENT SHOWS CLINICAL IMPROVEMENT, PATIENT HAS BEEN ON APPROPRIATE ANTI-TUBERCULAR THERAPY FOR AT LEAST ONE WEEK, AND EACH OF THREE CONSECUTIVE SPUTUM SPECIMENS, OBTAINED 8-24 HOURS APART WITH AT LEAST ONE EARLY MORNING SPECIMEN, ARE SMEAR NEGATIVE FOR AFB
- AFTER DISCHARGE:
 - ROOM SHOULD REMAIN CLOSED AND UNUSED FOR ONE HOUR
 - AIRBORNE ISOLATION SIGN SHOULD REMAIN ON THE DOOR TO THE ROOM
 - HCW SHOULD NOT ENTER WITHOUT RESPIRATORY PROTECTION.



TB ANNUAL TESTING

ROUTINE TESTING OF HEALTHCARE WORKERS IS REQUIRED AND MANAGED BY ASSOCIATE HEALTH

- ASSOCIATES WORKING IN POTENTIAL RISK AREAS WILL RECEIVE AN ANNUAL TB SCREENING. ALL OTHER ASSOCIATES WILL BE EXEMPT FROM ANNUAL SCREENING. REFER TO COMPLIANCE 360 TO DETERMINE IF YOUR DEPARTMENT IS POTENTIAL RISK OR EXEMPT FROM ANNUAL TESTING. POLICY NO: HR-HS-11
- TUBERCULIN SKIN TEST NEGATIVE RESPONDERS WILL BE RETESTED AT INTERVALS APPROPRIATE TO THEIR WORK AREAS.
- TUBERCULIN SKIN TEST POSITIVE RESPONDERS WILL BE ASSESSED VIA MEDICAL HISTORY FOR SYMPTOMS AT INTERVALS APPROPRIATE TO THEIR WORK AREAS.

TB POST EXPOSURE EVALUATION

- INFECTION CONTROL WILL NOTIFY ASSOCIATE HEALTH OF ANY POTENTIAL EXPOSURE SITUATIONS
- ASSOCIATE EXPOSURES WILL BE SCREENED ACCORDING TO THEIR SKIN TEST STATUS, AND AT APPROPRIATE INTERVALS AFTER EXPOSURE.

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CONCLUSION



We hope this CBL has been both informative and helpful.



Review this material until confident and proceed to the test.



**YOU HAVE COMPLETED THE CONTENT OF THIS
MODULE.**

PLEASE PROCEED TO THE ASSESSMENT.

YOU MAY CONTINUE TO REVIEW THE CONTENT AS NEEDED.

