STANDARD PRECAUTIONS FOR ALL HEALTH CARE WORKERS

1. Assume that blood and all body fluids, with or without visible blood, from all clients are potentially infectious.
2. **WASH HANDS** - **SEE HAND HYGIENE POLICY.**
3. GLOVES, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment; when having direct contact with blood, body fluids, mucous membranes or non-intact skin; when handling items soiled with blood; or when handling equipment contaminated with blood or body fluids. This includes, but is not limited to the following:
	1. Suctioning procedures.
	2. Catheter care and removal of catheters.
	3. Dressing changes.
	4. Handling of grossly contaminated linens.
	5. Collection and emptying of all suction and drainage devices; e.g., Foley catheter bags, suction machines, and hemovacs.
	6. Starting and discontinuing intravenous infusions.
	7. Providing oral hygiene.
	8. Enema administration.
	9. Cleaning client rooms, bathrooms, emptying trash, or changing linens on client’s bed.
	10. Venipuncture or other vascular access procedures.
4. Gloves should be changed after each client contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing.
If glove is torn or needle stick or other injury occurs, the gloves should be removed, hands washed well, and a new glove used as promptly as client safety permits.
5. GOGGLES or protective glasses should be worn when there is a potential for a splash with blood or body fluids, and when exposure of the mucous membranes of the mouth, nose, or eyes is anticipated. Examples include dental cleaning, venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations. Protective eyewear is to have solid side shields.
6. GOWNS OR APRONS should be worn when there is a potential for blood or body fluid splatters or sprays. Examples include venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations.
7. MASKS are usually not necessary if contact is only casual. A mask should be worn if there is a chance of a splash or splatters or if the client is on respiratory precautions.
8. AIRWAYS - Although saliva has not been implicated in HIV transmission, a one-way airway, mouthpiece, resuscitation bag, or other ventilation device should be in the home when resuscitation is predictable for use during actual resuscitation.
9. To prevent needle stick injuries, **needles should never** be recapped, bent, broken, or manipulated by hand. These items and other sharp items, such as scalpels, razor blades, etc., should be considered potentially infectious and handled with extraordinary care.
	1. Agency will provide “needleless systems” or “sharps with engineered sharps injury protections whenever possible. Used needles should be placed intact into puncture-resistant containers that are provided by the agency.
	2. Employees responsible for client care will be involved in decisions to purchase sharps, needleless devices, disposal containers and biosafety cabinets.
	3. The containers, when full, are to be returned to the agency for proper disposal or disposed of in accordance with state or local regulations.
10. In the event of contamination with blood or body fluids, body surfaces should be washed immediately with soap and water.
11. The agency will maintain a log of injuries from contaminated sharps. The injury log must contain: type/brand of device involved, department or work area, and explanation of the event. Maintain a separate list for tracking actual employees.
12. All needle stick injuries will be recorded on an OSHA log.
13. Identify “privacy concern case.”
14. The agency will document their consideration and implementation of safer, effective medical devices.
15. All laboratory specimens should be treated as if they were contaminated with either HIV or HBV or Hepatitis C. All specimens should be labeled with client information, placed in sealable, leak proof plastic bags, and transported in an appropriate, secured container that is labeled with a color-coded, biohazard sticker. Specimens should be transported without needles attached to syringes. Requisition forms are placed outside the plastic bag to prevent contamination in the event of a leak or spill.
16. For disposal of contaminated supplies other than needles, double bagging technique should be used, as described in the infection control policy. Areas and equipment contaminated with blood should be cleaned immediately with 1:10 bleach solution (1 part bleach to 10 parts water. Equipment can also be cleaned thoroughly and soaked in 70% isopropyl alcohol for ten (10) minutes to inactivate HIV. A fresh solution must be used daily. A 1:5 bleach solution (1 part bleach and 4 parts water) can be stored for thirty (30) days in an opaque container at room temperature and out of sunlight. **Bleach should never be mixed with anything but fresh tap water.** Contaminated reusable sharps should be placed in a leak-proof, puncture-resistant, and appropriately labeled container.
17. Soiled linens should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. Linens soiled with blood or body fluids should be placed in bags that prevent leakage and transported to the agency or disposal container. If the fabric can tolerate contact with chlorine bleach, it should be washed with one (1) cup of bleach per full load with regular detergent. If a washing machine is not available, contaminated linens should be soaked in a receptacle or sink in cold soapy water in a 1:10 bleach solution for fifteen (15) minutes.
18. Personnel cleaning biological spills or contaminated equipment should wear gloves and take care not to contaminate clothing. Disinfectant-detergent formulations registered by the EPA can be used for cleaning environmental surfaces, but the actual physical removal of microorganisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used.
19. Health care workers with exudative lesions or weeping dermatitis should refrain from all direct client care and from handling client care equipment until the condition resolves.
20. As indicated, the agency shall maintain a log describing the collection, transportation, and disposal of hazardous waste.

HANDWASHING/HAND HYGIENE

POLICY

In an effort to reduce the risk for infection in clients and staff members, thorough hand washing/hand antisepsis is required of all employees. The agency will establish guidelines for all staff and will provide education and direction on accepted practices.

PURPOSE

To improve hand-hygiene practices of agency staff and to reduce transmission of pathogenic microorganisms to clients and personnel in the home care setting.

SPECIAL INSTRUCTIONS

1. The hand hygiene procedure will be clearly outlined in the agency procedure
manual.
2. Appropriate antiseptic cleanser may be used when appropriate and client situation facilities are not available.
3. Indications for hand washing and hand antisepsis:
	1. Before performing invasive procedures.
	2. Before caring for clients at high-risk for infection.
	3. When there is prolonged or intense contact with the client (bathing the client).
	4. Between tasks on the same client.
	5. Before touching a wound.
	6. After removing gloves.
	7. After touching objects that are potentially contaminated.
	8. After caring for a client who is infected with drug resistant organisms.
	9. When hands are visibly soiled.
	10. After using the toilet, blowing the nose or covering a sneeze.
	11. After assisting client to use the bathroom.
	12. Before eating, drinking, handling food or serving food.
	13. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap with water.
	14. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Alternatively, wash hands with antimicrobial soap and water in all clinical situations.
	15. Decontaminate hands before having direct contact with clients, before donning sterile gloves to insert urinary catheters, vascular catheters or other invasive devices that do not require surgical procedures.
	16. Decontaminate hands after contact with client’s intact skin, after contact with body fluids, excretions, non intact skin and wound dressings.
	17. Decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the client.
	18. Decontaminate hands after removing gloves.
4. WASH HANDS with soap and water before eating and after using a restroom.
5. Antimicrobial impregnated wipes (towelettes) may be used as an alternative to washing hands with non-antimicrobial soap and water. They are not as effective as alcohol based hand rubs or washing hands with antimicrobial soap and water.
6. Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for clients at high risk of acquiring infections.

HAND HYGIENE TECHNIQUE

1. When decontaminating hands with an alcohol based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. (Follow manufacturers recommendations regarding volume of product to use.)
2. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by manufacturer to hands and rub hands together vigorously for at least fifteen (15) seconds, covering all surfaces of hand and fingers.
	1. Rinse hands with water and dry thoroughly with a disposable towel. (Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.)
	2. Encourage the use of hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing.
3. Multiple use cloth towels are not recommended for use in health care settings.