1.3 Objectives:

Objectives:

- Define hand hygiene
- Define standard and transmission-based precautions
- Identify personal protective equipment (PPE)
- Define bloodborne pathogens
- Describe the hepatitis B vaccine
- Identify multi-drug resistant organisms and preventative strategies
- Identify safe workplace practices
- Identify influenza prevention
- Demonstrate understanding of tuberculosis
- Identify respiratory protection
- Locate employment medical records
- Locate resources and key contacts

Notes:
Hand Hygiene

If you could see the germs, you would do hand hygiene all of the time.
Hand Hygiene

Includes:
- Hand washing
- Alcohol-based hand rub (hand sanitizer)
- Surgical hand antisepsis

5 Moments for Hand Hygiene

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

Hover over each arrow to learn more.
5 Moments for Hand Hygiene

1. Before touching a patient
   - Clean your hands before touching a patient when approaching him/her.
   - To protect the patient against harmful germs carried on your hands.

2. Before clean / aseptic procedure
   - Clean your hands immediately before accessing a critical site with infectious risk for the patient.
   - To protect the patient against harmful germs, including the patient's own, entering his/her body.

3. After body fluid exposure risk

4. After touching a patient

5. After touching patient surroundings

Hover over each arrow to learn more.
5 Moments for Hand Hygiene

1. BEFORE TOUCHING A PATIENT

2. BEFORE CLEAN / ASEPTIC PROCEDURE

3. AFTER BODY FLUID EXPOSURE RISK

4. AFTER TOUCHING A PATIENT

5. AFTER TOUCHING PATIENT SURROUNDINGS

Clean your hands as soon as a task involving exposure risk to body fluids has ended (and after glove removal).

To protect yourself and the health-care environment from harmful germs.

Hover over each arrow to learn more.

Clean your hands when leaving the patient’s side, after touching a patient and his/her immediate surroundings. To protect yourself and the health-care environment from harmful germs.
5 Moments for Hand Hygiene

1. **Before touching a patient**
2. **Before clean/aseptic procedure**
3. **Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving without having touched the patient.**
4. **After touching a patient**
5. **After touching patient surroundings**

Hover over each to learn more.

To protect yourself and the healthcare environment against germ spread.

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When to Practice Hand Hygiene

- After using the restroom
- After coughing or sneezing
- After petting an animal
- After handling/touching patient equipment or surfaces
- After handling money
- Before and after wearing gloves
- Before and after patient contact
- Before handling or eating food
- Before handling medications
- Beginning and end of work day
- **Between** procedures on the same patient
- When hands are visibly soiled
- After blowing or wiping nose

**Home Health colleagues:**

Practice hand hygiene before obtaining supplies from your clinical supply bag.
Alcohol-Based Hand Rub (Hand Sanitizer)

How to use:

1. Apply a small amount of alcohol-based hand rub to the palm of one hand, and rub hands together.

2. Cover all surfaces of your hands, between fingers including areas around and under the fingernails.

3. Continue rubbing hands together until alcohol **dries completely**.

Caution:
**alcohol-based hand rub is flammable when wet**

Hand Hygiene

**Alcohol-based** hand rub is the preferred method for hand hygiene, however washing with **soap and water** must be done:

- When hands are visibly dirty or contaminated with blood, body fluids or fecal material

- When caring for patients with confirmed or suspected **C. difficile** or Norovirus infection

- After using the bathroom
Nails

Artificial nails are not allowed for patient caregivers. This includes anything that needs to be removed chemically by soaking (examples: tips, overlays, acryliics, gel applications).

- Chipped nail polish is not allowed for patient caregivers.
- Natural nails should not exceed ¼ inch beyond fingertip for patient caregivers.

Rationale:
Long nails, chipped nail polish, and artificial nail products can harbor bacteria and other organisms. They are difficult to clean and can spread these organisms to patients, potentially causing illness.

Standard and Transmission-Based Precautions
Standard Precautions

Use Standard Precautions with all patients all the time to prevent the transmission of infection. Standard Precautions include:

- Washing hands
- Wearing PPE
- Cleaning contaminated equipment
- Treating sharps carefully

Use Transmission-Based Precautions with highly infectious patients. The 3 types of Transmission-Based Precautions are:

- Airborne Precautions – use for diseases transmitted through the air, such as TB; wear respiratory protection
- Droplet Precautions – use for diseases where droplets rain down within a few feet, such as meningitis or flu; wear gloves, mask, and gown PPE
- Contact Precautions – use for diseases transmitted by contact with skin, such as C. difficile; wear gloves and gown PPE

Personal Protective Equipment (PPE)
Personal Protective Equipment (PPE)

PPE is what you put on to protect yourself and others from hazards

- **Gowns**
- **Gloves**
- **Masks or Respirators**
- **Face Shields/Eye Shields**

How to Put on Your PPE

1. **1st Gown**
   - Opening in the back
   - Secure at neck and/or waist

2. **2nd Mask or Respirator**
   - Cover mouth and nose
   - Secure mask on head
   - Adjust to fit

   If wearing a respirator also perform a fit check:
   - Inhale – respirator should collapse
   - Exhale – check for leakage around face

3. **3rd Eye Protection**
   - Secure goggles to head
   - Secure face shield on forehead
   - Adjust to fit comfortably

4. **4th Gloves**
   - Correct type and size
   - Extend gloves over gown cuffs
How to Remove Your PPE

1st Remove Gloves
- Grasp outside edge near wrist
- Peel away from hand, turning glove inside-out
- Hold in opposite gloved hand
- Slide ungloved finger under the wrist of the remaining glove
- Peel off from inside, creating a bag for both gloves
- Discard

2nd Remove Goggles or Face Shield
- Grasp ear or head pieces with ungloved hands
- Lift away from face
- Place in designated receptacle for reprocessing or disposal

How to Remove your PPE

3rd Remove Isolation Gown
- Unfasten ties
- Peel gown away from neck and shoulder
- Turn contaminated outside toward the inside
- Fold or roll into a bundle
- Discard

4th Remove Mask or Particulate Respirator
- Upon leaving room
  - Untie the bottom, then top tie
  - Remove from face
  - Discard
- Upon leaving room
  - Lift the bottom elastic over your head first
  - Then lift off the top elastic
  - Discard or follow your site specific protocol for re-use

Wash hands after removing PPE
If your clothes become saturated with blood or body fluids:

1. Remove soiled clothing, wash affected body area(s) and change into facility-provided scrubs.

2. Put your clothes into a plastic bag. They will be laundered by your facility.

3. Contact your supervisor for direction.

4. Do not take soiled personal clothing home.

Bloodborne Pathogens
Multidrug-Resistant Organisms

Bloodborne Pathogens

- A pathogen can be transmitted through blood and other body fluids containing visible blood.
- Examples include:
  - Hepatitis B
  - Hepatitis C
  - HIV/AIDS
Bloodborne Pathogen: Hepatitis B

- Virus that causes inflammation of the liver
- Could take 45-180 days for symptoms to appear after exposure
- May cause nausea, vomiting, tiredness, abdominal pain, jaundice (yellow skin)
- Most people recover from Hepatitis B, but it can cause chronic illness or death

Hepatitis B Vaccine

The Hepatitis B Vaccine series of three injections can protect you against Hepatitis B.

Remember: there is no vaccine for Hepatitis C or HIV.
This vaccine is safe and provides >90% protection.
The vaccine is provided free through Associate Health & Wellness.
You should receive this vaccine series.
Bloodborne Pathogen: **Hepatitis C**

- A virus that causes inflammation of the liver
- Symptoms similar to Hepatitis B
- There is a much higher level of chronic disease with Hepatitis C than Hepatitis B
- Does not appear to be as easily transmitted in the health care setting as Hepatitis B

Bloodborne Pathogen: **HIV**

- HIV (Human immunodeficiency virus)
- This is the virus that causes AIDS
- Initial symptoms are flu-like (fever, swollen glands, body aches, night sweats)
- The virus attacks the immune system and inhibits your body’s ability to fight disease and infection
- Currently there is no vaccine or cure
How can a bloodborne pathogen be transmitted?

- Getting stuck with a contaminated needle or sharp
- Getting blood or body fluids on any openings in your skin, including human bites if the skin is broken
- Getting blood or body fluids splashed or sprayed into your eyes, nose or mouth

**Bloodborne Pathogens: Protect Yourself!**

- Be aware of the risk of exposure to body fluids in your work environment.
- Cover any cuts in your skin.
- Wear appropriate PPE when there is potential contact with blood or body fluids.
- Minimize splashing of fluids.
- Receive the Hepatitis B vaccine series.
Bloodborne Pathogens

- For the Federal Bloodborne Pathogen Standard, see the OSHA website, your Infection Control Coordinator, or a Colleague Health and Safety Nurse.


- For your site’s Exposure Control Plan with more details, see your site’s Intranet, your Infection Control Coordinator, or a Colleague Health and Safety Nurse.

Additional Safe Work Habits include:

Never eat, drink, apply cosmetics or lip balm, or handle contact lenses in areas where an exposure is possible.

Never keep food or beverages in refrigerators, freezers, on countertops or in storage areas where blood or potentially infectious materials are found.
Disinfection

- Proper disinfection of our equipment and surfaces is an important practice to protect our patients and us from the spread of infection.
- Equipment requires cleaning and disinfection between each patient.
- Use the appropriate disinfectant for the equipment you are cleaning.
- Read the label for instructions, with special attention to the wet contact time.
- Use enough product to keep surface wet for the indicated contact time. Air dry.

Disinfectant Tips to Remember

- All products need to be used once and discarded in trash.
- Do NOT flush wipes.
- The products are not body wipes.
- Use gloves when applying.
- Close the container to prevent drying of wipes.
Engineering Controls

Engineering Controls are things that we put in our environment to protect us from blood and body fluids:

- Sharps containers
- Red biohazard bags or containers
- Safety needles and other sharps safety devices
- Warning/precaution signs

General Medical Waste

Includes:
- Dressings or bandages with minimal (not dripping) blood or body fluids present
- Empty suction canisters, drainage containers
- IV and tube feeding tubing
- Wrappers and other non-contaminated trash

Disposal:
- Dispose of general medical waste in the general trash container
Potentially Infectious Medical Waste

Also called:
- Red Bag Waste, Regulated Waste, Biohazard Waste

Includes:
- Items soaked or saturated with blood or Other Potentially Infectious Material (OPIM - see list on next slide)
- Items with pourable, drippable or flakable blood or body fluid
- Contaminated sharps
- IV tubing containing blood

Disposal:
- Always dispose of potentially infectious medical waste in the biohazard waste container

What is OPIM?

Other Potentially Infectious Material (OPIM) includes:
- Blood
- Semen
- Vaginal secretions
- Amniotic (pregnancy) fluid
- Pleural (lung) fluid
- Synovial (joint) fluid
- Pericardial (heart) fluid
- Peritoneal (abdominal) fluid
- Cerebrospinal (brain or spinal cord) fluid
- Saliva in dental procedures
Sharps Safety

**DO:**
- Dispose of sharps carefully and appropriately
- Replace sharps containers when 2/3 full
- Activate all sharps safety features

**DO NOT:**
- Remove safety feature from syringes and other sharps
- Touch broken glass
- Recap, bend or break needles
- Dispose of general waste in the sharps container
- Reach into trash or sharps container

Blood/Body Fluid Spill Procedure

- If there is a blood spill kit available
  - Use that product
  - Follow the directions provided in the kit

- If no blood spill kit then...
**Blood/Body Fluid Spill Procedure**

1. Put on Personal Protective Equipment (PPE)
2. Cover the spill with disposable absorbent material (ex. paper towel, chux)
3. Pour facility approved disinfectant over the covered area or, if in the home 10% bleach solution (one part bleach, 10 parts water)
4. While wearing PPE, 
   - Pick up sharp objects using mechanical means
   - Dispose of the sharp objects safely
   - Collect and dispose of the disinfectant soaked contaminated material safely
5. Clean the area with additional disinfectant
6. Remove and discard PPE
7. Wash your hands

**Multidrug-Resistant Organisms**

Multidrug-resistant organisms (MDROs) are organisms that are not easily killed by many common antibiotics.

**Some examples:**

- MRSA (Methicillin Resistant Staph Aureus)
- ESBL (Extended-Spectrum Beta-Lactamase)
- CRE (Carbapenem-Resistant Enterobacteriaceae)
- VRE (Vancomycin Resistant Enterococcus)
- C-Diff (Clostridium Difficile)
Multidrug-Resistant Organisms

- MDROs can cause serious illnesses.
- They are easily spread from person to person on the hands of healthcare workers.
- MDROs can contaminate the environment.
- Whenever possible, use disposable non-critical equipment or implement patient-dedicated equipment.
- All equipment must be disinfected before use on another patient.
- Routine cleaning of room using disinfectant cleaner and wet time. Terminal cleaning and UV light is used after precautions are discontinued.

Multidrug-Resistant Organisms (MDRO)

- Transmission-based precautions are used for all patients infected or colonized with an MDRO. You will know which precautions are needed by the sign posted outside the room.
- Perform hand hygiene and put on a gown and gloves before entering the room.
- Remove gown and gloves and perform hand hygiene when leaving the room.
Influenza

Blood or Body Fluid Exposure

What to do:

- Wash / irrigate site of exposure:
  - Puncture wound or cut – wash with soap and water
  - Mouth – rinse with water
  - Eyes – irrigate with normal saline or tap water

- Report the incident to your supervisor immediately.

- Fill out Colleague Incident Report online in THEIR.

- Notify Colleague Health & Safety of exposure as soon as possible.

- If Colleague Health & Safety is closed, contact the Nursing Supervisor.
Blood or Body Fluid Exposure

What happens:

✓ The Colleague Health and Safety Nurse or Nursing Supervisor will:
  ✓ Provide first aid
  ✓ Evaluate the exposure
  ✓ Arrange for testing of the Source Patient’s blood
  ✓ Notify colleague of Source Patient test results
  ✓ Direct colleague to receive additional medical treatment if indicated

✓ Colleague Health and Safety will arrange for colleague follow-up testing if indicated.

Influenza

• Influenza (flu) is a highly contagious RESPIRATORY disease that is spread by coughing, sneezing, direct physical contact, contact with certain objects (i.e., doorknobs, phones).

• Individuals are contagious beginning 1 day before the onset of symptoms and about 5-7 days after the first symptoms.

• The influenza virus can cause severe illness or DEATH.
Influenza

Health care workers are frequently the source of influenza transmission in health care settings. Therefore, to protect the patients we serve, each health care worker must receive the influenza vaccine by October 31 each year.

Vaccination is FREE

The influenza vaccine is offered free to colleagues, volunteers, medical staff, and allied health professionals through advertised Colleague Health and Safety walk-in clinics. Simply show your photo ID.
Influenza Vaccine Program Requirements

- Influenza vaccination is a condition of employment for all colleagues, unless they have a documented medical or religious exemption.
- Employment will voluntarily terminate for colleagues who have not met the influenza vaccine program requirements.

Unvaccinated Health Care Worker Mask Requirement

Colleagues, volunteers, and medical staff granted an exemption from the vaccine requirement must wear a mask during the influenza season. The mask is to be worn whenever the unvaccinated individual is in a MercyOne owned or leased building, regardless of whether the colleague is a direct patient caregiver or not.

See Influenza Immunization Policy for additional details.
Prevention is the key to stop the spread

2. Perform hand hygiene – frequently.
3. Cover your cough – always.
4. Stay home if you are experiencing symptoms.

Communicable Disease Reporting

Protect Yourself – Protect Others

If you are exposed to any communicable disease
-or-
If you have an illness or symptoms that others could catch from you...

Call Colleague Health and Safety for instructions.
Respiratory Protection

Tuberculosis (TB)

- TB is a serious disease that can be spread through the air by a person with the disease when they cough, sneeze, laugh and talk.

- Quick identification is key - Think TB.

- Isolate (airborne precautions) all suspected and known cases promptly.
TB Signs and Symptoms

- Cough for longer than three weeks
- Blood in sputum
- Night sweats
- Fever
- Loss of appetite
- Unexplained weight loss
- Unusual fatigue
- Chest pain
- Hoarseness

Work Safely Around Airborne Isolation Patients

- You must wear an approved N-95 respirator when entering an Airborne Precautions room and need to be fit tested/trained before wearing any type of respirator.
- Contact Colleague Health and Safety and/or your leader to clarify if you need fit testing.
Masking and Separation of Persons with Respiratory Symptoms

- Offer masks to persons who are coughing.
- When space and chair availability exist, encourage coughing people to sit at least 3 feet away from others.

Patient and Family Education

- Educate patient and family about appropriate infection control practices
  - Hand hygiene
  - Respiratory hygiene
  - Appropriate transmission-based precautions
- Visitors should not visit if they have signs of a cold, flu or other illness
Employment Medical Records

- Individual records are maintained in Colleague Health and Safety.
- Records will be kept 30 years post-termination of employment.
- To request a copy, complete an Authorization to Disclose Health Information form.

Summary

- All colleagues must follow the infection control guidelines outlined in this presentation.
- You will receive additional infection control information in your department.

Click here to receive credit for this course.