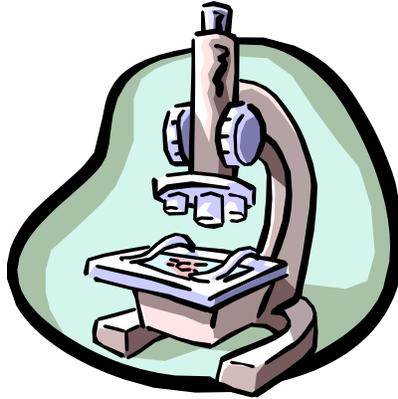


Providence Sacred Heart Medical Center & Children's Hospital  
Providence Holy Family Hospital  
Providence Mt. Carmel Hospital  
Providence St. Joseph's Hospital  
Providence Medical Group

**INFECTION CONTROL, BLOOD BORNE PATHOGENS &  
EMPLOYEE HEALTH SERVICES**



**STANDARD PRECAUTIONS**

Providence hospitals follow the latest CDC guideline for isolation precautions. There are two tiers of precautions to prevent transmission of infectious agents: Standard Precautions and Transmission-Based Precautions. Standard Precautions are applied to the care of **all** patients regardless of the suspected or confirmed presence of an infectious agent. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions, nonintact skin and mucous membranes may contact transmissible infectious agents.

Standard Precautions strategies include use of the following:

**Hand Hygiene:**

Wash hands thoroughly with soap and water whenever visibly soiled, if they have come in direct unprotected contact with blood or other body substance, whenever working with a patient in "Contact Enteric" precautions", after using the restroom and before eating or assisting a patient to eat.

Use alcohol based hand sanitizer for most other situations, such as before and after touching a patient, before a clean or aseptic procedure, after contact with any body fluids, before entering clean supply cabinets or drawers, before preparing or administering medication, after touching environmental surfaces and upon removal of gloves.

**GLOVES:**

- ◆ Gloves are put on when anticipating contact with body fluids, mucous membranes and non-intact skin.
- ◆ Gloves are changed between patients, and between procedures on the same patient if it involves moving from a contaminated body site to a clean body site.
- ◆ Remove gloves promptly after use and perform hand hygiene.

## GOWNS:

Gowns launderable or disposable are worn when soiling of clothing by body fluids is anticipated. Gowns are single use only and are considered contaminated after being worn.

## MASKS:

Masks are worn for anticipated contact with respiratory droplet secretions, as well as to protect nasal and oral mucous membranes during procedures likely to generate splashes or sprays. Note: Masks and respirators are not interchangeable.

## RESPIRATORS:

Respirators are worn according to posted isolation signage. Staff must be assessed and personally trained and or fit tested prior to respirator use.

## PROTECTIVE EYEWEAR:

Eyeshields, goggles or face shields are worn when splattering of body substances into the eyes is anticipated. Personal glasses are not considered adequate for eye protection. Eyeshields or goggles are worn over eyeglasses.

### ISOLATION PRECAUTION SIGNAGE (Transmission-Based Precautions)

Although we handle all patients as if they might have an infectious condition, transmission-based precautions are needed for some identified or suspected conditions. (*The Isolation Precautions policy and table lists specifics on each type of isolation and diseases requiring isolation.*)



Used to prevent transmission from a direct (skin-to-skin) contact or an indirect (contaminated item) contact from an infected patient or item to an employee, e.g. draining wound, Common Conditions: Multidrug resistant organisms (e.g., MRSA, VRE), scabies, lice.



Contact Enteric precautions are designed to prevent transmission of gastrointestinal infectious agents which are spread from (direct) contact with a patient or contaminated item. Common conditions: Acute diarrhea, C. Difficile, Norovirus, Rotavirus.



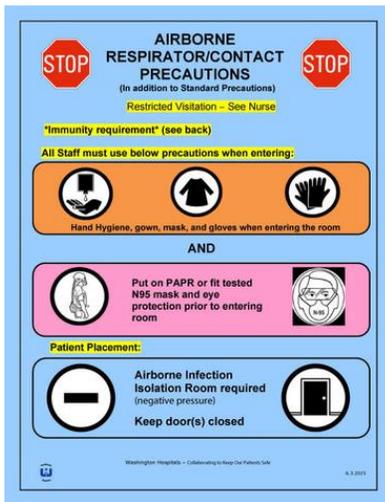
Designed for patients infected with known or suspected illness transmitted by droplets usually through coughing, sneezing or certain procedures, e.g. influenza & other respiratory viruses, bacterial meningitis, pertussis, or rubella.



Used to reduce the risk of airborne transmission of infectious agents when a patient has a known or suspected organism through airborne droplet nuclei, e.g. chickenpox, or disseminated shingles. These infectious agents also have the capacity to be spread by contact when vesicles are present.



Used to reduce the risk of airborne transmission of tuberculosis (TB) for patients that are known or suspected to be infected with pulmonary or laryngeal tuberculosis, or instances when extrapulmonary TB is likely to be aerosolized.



Used to reduce the risk of airborne and contact transmission of infectious agents when a patient has a known or suspected organism which may be transmitted via these routes. Conditions which require this type of isolation include: Measles, SARS, MERS, Novel Influenza Strains, and Viral Hemorrhagic Fevers

## INFECTION CONTROL ISSUES

### HYGIENE

Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contacts in work areas.

### SHARPS CONTAINERS

Sharps are not to be recapped by hand or purposefully bent, but are to be placed in a sharps container along with other small potentially sharp objects. Do not overfill the sharps container. Alert Environmental Services when containers are more than 3/4 full.

### TRANSPORT TO OTHER DEPARTMENTS

Patients with known or suspected common respiratory illnesses that are transmitted via the Droplet route should wear a surgical/isolation mask while being transported.

Patients with Tuberculosis or other conditions that require staff use of respirators and an Airborne Isolation environment should not be routinely transported out of their rooms. If transportation cannot be avoided, place a surgical mask on the patient and consult with Infection Control if possible.

### LABORATORY SPECIMENS

Laboratory specimens from all patients are handled with care.

All specimens are to be sent to the lab with:

1. Patient's name, medical record #, room #, attending M.D, and date and time of specimen collection.
2. Secure container with tightly fitting lid (e.g. no syringes).
3. Specimens are placed in a plastic tray or baggie. The outside of the second container must be free of visible soiling.
4. Some specimens may be sent through the pneumatic tube system but must be placed in the special, padded specimen carrier. The carrier or plastic transport bag has a biohazardous label. Gloves should be worn when opening a carrier to remove a specimen. Never send CSF or any specimen that would require an invasive procedure to re-collect via the pneumatic tube system.

### NURSE SERVERS –(PSHMC only)

The cupboard opening to both the patient room and the hall is referred to as a "Nurse Server": (present in most patient rooms).

*Clean Supplies* - The top cupboard contains clean linen and commonly used clean supply items.

**Never place soiled/used items in the top portion of the nurse server. Always perform hand hygiene before reaching into the nurse server to obtain clean supplies.**

*Soiled Linens* - The bottom of the nurse server contains the laundry bag for soiled linen .

## **REUSABLE ARTICLES**

Equipment should be wiped free of visible contamination with an approved hospital cleaning solution/wipe and placed in the soiled utility room for pick-up. *Double red bagging is not required.*

## **SOILED LINEN**

Soiled linen is placed in a blue plastic bag located in the bottom cupboard (soiled cupboard) of the nurse server or free standing laundry hamper. Plastic trash bags are used as necessary to prevent leakage. No special containment is necessary for isolation as all soiled linen is considered biohazardous. Only linen coming from a patient room where insect infestation (lice, scabies, bedbugs) is being treated needs special labeling.

## **CONTAINERS OF BODY FLUIDS**

Containers that are easily emptied (suction canisters or reservoirs) should be emptied into the hopper or toilet prior to placement in the trash. *No double bagging is necessary.* Protective eyewear and gowns may be needed to protect the caregiver from splashes and sprays. If unable to empty or solidify the liquid body fluids, then it must be placed into a rigid biohazard container for disposal.

## **MEDICATION DRAWERS**

Wash or sanitize hands before opening the drawer or preparing medication. .

## **FOOD & NUTRITION TRAYS.**

Any visible secretions should be removed from the tray before being returned to the kitchen. Trays from isolation rooms do not need special handling as all are considered contaminated.

## **SPILLS**

Procedure for Small Spills (e.g. spots of blood or urine on the counter/floor)

1. Put on gloves.
2. Remove sharps/broken glass using forceps or a brush and dustpan (never by hand) and place in sharps container.
3. Absorb and wipe up with paper towels
4. Apply cleaning/disinfectant and wipe. "Super Sani-Cloth" is available in patient rooms, exam rooms, and soiled holds. (**DO NOT** use these cloths on patient skin.)
5. Place paper towels and gloves into trash bags.
6. Remove gloves and wash hands.

## Blood or Body Fluid Exposures

When accidental exposure to patient blood or body fluids does occur, follow the procedure below:

### Immediate Actions to be taken by Exposed Person:

1. Immediately upon exposure:

- a. Punctures/Lacerations: Wash the site thoroughly with soap and water
- b. Splashes: Rinse the eyes, nose, or mouth with copious amounts of water; wash other sites thoroughly with soap and water.

2. Notify charge nurse/supervisor. Work with your charge nurse or supervisor to make sure that source patient labs are drawn right away.

3. Notify Caregiver Health Services at 474-7203 during business hours (M-F 0730-1600).

4. Complete the first page of the Employee Incident Form

5. FAX the completed first page of the Employee Incident form to Caregiver Health Services at 474-2247 right away. Give it to your supervisor to complete the second page, which includes the Accident Investigation.

6. Post-exposure prophylaxis medication (PEP) for HIV and/or for Hepatitis B is recommended under certain circumstances. If you choose to be evaluated for PEP: Go to the Emergency Department or Urgent Care Center for post-exposure evaluation and possible treatment. Follow your agency's/school's/employer's protocol.