



Introduction to Health Services Virtual Learning

HS Introduction to Health Services/ Standard Precautions

April 17, 2020



Grade/Course

Lesson: April 17, 2020

Objective/Learning Target:

Describe the OSHA Standard Precaution measures observed by healthcare providers.



Warm Up

If you had to come into contact with an ill person in your home- perhaps one who had a contagious disease, what common sense measures would you take to avoid catching the disease using only household items?

Name 4 measures if you can

Next, assume that you are a healthcare professional. In the same situation that was discussed in the first warm-up. Now, what added measures can you see yourself taking in that same situation.



Warm Up

Let's look at what you may have come up with... in the first case, using household items, how would you prevent passing on the infection? Answers commonly include things like: **distancing, frequent cleaning- perhaps with bleach or disinfectant, frequent hand washing, perhaps a mask.**

Next, assume that you are a healthcare professional. In the same situation that was discussed in the first warm-up. Now, what added measures can you see yourself taking in that same situation. Answers commonly include things like: **Gown, mask, gloves, face shields, respirators, isolation units- mostly things you have seen on TV.**

As you will learn in this lesson, infection prevention goes deeper than that!



Our Learning Goal for Today

As you might have learned in the warm-up, preventing infectious diseases for the healthcare professional looks a little different than it does among the general public.

The goal for today is for you to learn how healthcare professionals utilise several levels of cleanliness in the workplace.



The Bloodborne Pathogen Standard

One of the main ways that pathogens are spread is by **blood** and **body fluids**.

Three pathogens of major concern are the **hepatitis B virus (HBV)**, the **hepatitis C virus (HCV)**, and the **human immunodeficiency virus (HIV)**, which causes AIDS. Consequently, extreme care must be taken at all times when an area, object, or person is contaminated with blood or body fluids.

In 1991, the Occupational Safety and Health Administration (OSHA) established **Bloodborne Pathogen Standards** that must be followed by all healthcare facilities. The employer faces **civil penalties** if the regulations are not implemented by the employer and followed by the employees. These regulations require all health care facility employers to take the measures that you will read about next.



Required Measures: Healthcare providers must...

- Develop a **written exposure control plan**, and update it annually, to minimize or eliminate employee exposure to bloodborne pathogens.
- Identify all employees who have **occupational exposure** to blood or potentially infectious materials such as semen, vaginal secretions, and other body fluids.
- Provide **hepatitis B vaccine** free of charge to all employees who have occupational exposure, and obtain a written release form signed by any employee who does not want the vaccine.
- Provide **personal protective equipment** (PPE) such as gloves, gowns, lab coats, masks, and face shields in appropriate sizes and in accessible locations.



Required Measures: Healthcare providers must...

- Provide adequate **handwashing facilities** and supplies.
- Ensure that the worksite is maintained in a clean and sanitary condition, follow measures for **immediate decontamination** of any surface that comes in contact with blood or infectious materials, and dispose of infectious waste correctly.
- Enforce rules of no eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, and mouth pipetting or suctioning in any area that can be potentially contaminated by blood or other body fluids.
- **Provide appropriate containers** that are color coded (fluorescent orange or orange-red) and labeled for contaminated sharps (needles, scalpels) and other infectious or biohazard wastes.
- **Post signs** at the entrance to work areas where there is occupational exposure to biohazardous materials.
- **Provide a confidential medical evaluation and follow-up** for any employee who has an exposure incident. Examples might include an accidental needlestick or the splashing of blood or body fluids on the skin, eyes, or mucous membranes.
- **Provide training** about the regulations and all potential biohazards to all employees at no cost during working hours, and provide additional education as needed when procedures or working conditions are changed or modified

Practice Activity

Click here to take a [practice quiz over the Bloodborne Pathogen requirements](#)

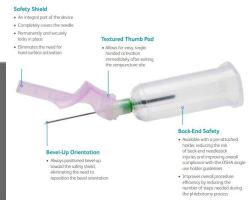




The Needlestick Safety Act

Workplace regulations go beyond bloodborne pathogens. Other measures are taken to protect against other workplace hazards- such as accidental needle sticks that can pass pathogens from patient to provider.

In 2001, OSHA revised its Bloodborne Pathogen Standards in response to Congress passing the **Needlestick Safety and Prevention Act** in November, 2000. This act was passed after the Centers for Disease Control and Prevention (CDC) estimated that 600,000 to 800,000 needlesticks occur each year, exposing health care workers to bloodborne pathogens. Employers are required to take the following measures.



Needlestick Safety Act Requirements:

- **Providers are required to identify** and use effective and safer medical devices:
- OSHA defines safer devices as sharps with **engineered injury protections** and includes, devices such as syringes with a sliding sheath that shields the needle after use, needles that retract into a syringe after use, and intravenous systems that administer medication or fluids through a needle housed in a protective covering.
- OSHA also encourages the use of needleless systems, such as the **jet injection systems** that deliver injections through the skin without using a needle.
- Incorporate changes in **annual update** of Exposure Control Plan: Employers must include changes in technology that eliminate or reduce exposure to bloodborne pathogens in the annual update and document the implementation of any safer medical devices.
- Solicit input from nonmanagerial employees who are responsible for direct patient care: Employees who provide patient care must be included in a team that identifies, evaluates, and selects safer medical devices, and determines safer work practice controls.
- Maintain a sharps injury log: Employers with more than 11 employees must maintain a sharps injury log to help identify high-risk areas and evaluate ways of decreasing injuries. Each injury recorded must protect the confidentiality of the injured employee, but must state the type and brand of device involved in the incident, the work area or department where the exposure injury occurred, and a description of how the incident occurred.

Practice Activity

Click here to take a [short practice quiz over the Needlestick Act Safety Act](#)

Needlestick Prevention



Volunteer Training Module
Open Door Clinic



Standard Precautions: The King of Standards

Employers are also required to make sure that every employee uses **standard precautions** at all times to prevent contact with blood or other potentially infectious materials. Standard precautions are rules developed by the Centers for Disease Control and Prevention (CDC).

According to standard precautions, **every body fluid** must be considered a potentially infectious material. All patients must be considered potential sources of infection, regardless of their disease or diagnosis. Standard precautions must be used in any situation where health care providers may contact:

- Blood or any fluid that may contain blood
- Body fluids, secretions, and excretions, such as mucus, sputum, saliva, cerebrospinal fluid, urine, feces, vomitus, amniotic fluid (surrounding a fetus), synovial (joint) fluid, pleural (lung) fluid, pericardial (heart) fluid, peritoneal (abdominal cavity) fluid, semen, and vaginal secretions.
 - Mucous membranes
 - Nonintact skin
 - Tissue or cell specimens



Handwashing

Hands must be washed before and after contact with any patient.

If your hands or other skin surfaces are contaminated with blood, body fluids, secretions, or excretions, they must be washed immediately and thoroughly with soap and water. Hands must always be washed immediately after removal of gloves.



Gloves must be worn whenever contact with blood, body fluids, secretions, excretions, mucous membranes, tissue specimens, or non-intact skin is possible; when handling or cleaning any contaminated items or surfaces; when performing any invasive (entering the body) procedure; and when performing venipuncture or blood tests.

Rings must be removed before putting on gloves to avoid puncturing the gloves. Gloves must be changed after contact with each patient.

Hands must be washed immediately after removal of gloves. Care must be taken while removing gloves to avoid contamination of the skin.

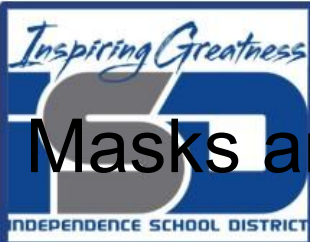
Gloves must not be washed or disinfected for reuse. Washing may allow penetration of liquids through undetected holes, and disinfecting agents may cause deterioration of gloves.



Gowns

Gowns must be worn during any procedure that is likely to cause splashing or spraying of blood, body fluids, secretions, or excretions. This helps prevent contamination of clothing or uniforms.

Contaminated gowns must be handled according to agency policy and local and state laws. Wash hands immediately after removing a gown.



Masks and Eye Protection

Masks and protective eyewear or face shields must be worn during procedures that may produce splashes or sprays of blood, body fluids, secretions, or excretions. Examples include irrigation of wounds, suctioning, dental procedures, delivery of a baby, and surgical procedures. This prevents exposure of the mucous membranes of the mouth, nose, and eyes to any pathogens.

Masks must be used once and then discarded. In addition, masks should be changed every 30 minutes or anytime they become moist or wet. They should be removed by grasping the ties or elastic strap. Hands must be washed immediately after the mask is removed.

Protective eyewear or face shields should provide protection for the front, top, bottom, and sides of the eyes. If eyewear is not disposable, it must be cleaned and disinfected before it is reused.



To avoid accidental cuts or punctures, extreme care must be taken while handling sharp objects (called sharps). Examples are needles, syringes, scalpels etc.

Whenever possible, safe needles or needleless devices must be used. Disposable needles must never be bent or broken after use. They must be left uncapped and attached to the syringe and placed in a leakproof puncture-resistant sharps container.

The sharps container must be labeled with a **red biohazard symbol**. Surgical blades, razors, and other sharp objects must also be discarded in the sharps container.

The sharps containers must not be emptied or reused. Federal, state, and local laws establish regulations for the disposal of sharps containers. In some areas, the filled container is placed in a special oven and melted. The material remaining is packaged as biohazard or infectious waste and disposed of according to legal requirements for infectious waste.



Spills or Splashes

Spills or splashes of blood, body fluids, secretions, or excretions must be wiped up **immediately**.

Gloves must be worn while wiping up the area with disposable cleaning cloths.

The area must then be cleaned with a disinfectant solution such as a 10 percent bleach solution.

Furniture or equipment contaminated by the spill or splash must be cleaned and disinfected immediately.

For large spills, an absorbent powder may be used to soak up the fluid.

After the fluid is absorbed, it is swept up and placed in an infectious waste container.



Resuscitation Devices

Whenever possible, mouthpieces or resuscitation devices should be used instead of mouth-to-mouth resuscitation. These devices should be placed in convenient locations for use.





Waste and Linen Disposal

To dispose of waste and soiled linen, wear gloves and follow the agency policy developed according to law. Infectious wastes such as contaminated dressings; gloves; urinary drainage bags; incontinent pads; vaginal pads; disposable emesis basins, bedpans, and/or urinals; and body tissues must be placed in **special infectious waste or bio-hazardous material bags** according to law. Other trash is frequently placed in plastic bags and incinerated. The health care worker must dispose of waste in the proper container and know the requirements for disposal.

Soiled linen should be placed in **laundry bags** to prevent any contamination. Linen soiled with blood, body fluids, or excretions is placed in a **special bag for contaminated linen**. It is usually soaked in a disinfectant prior to being laundered. Gloves must be worn while handling any contaminated linen. Any bag containing contaminated linen must be clearly labeled and color coded



Any cut, injury, needle-stick, or splashing of blood or body fluids must be reported immediately.

Agency policy must be followed to deal with the injury or contamination. Every health care facility must have a policy for documenting any exposure incident, recording the care given, noting follow-up to the exposure incident, and identifying ways to prevent a similar incident.

Standard precautions must be followed at all times by all health care workers. By observing these precautions, health care workers can help break the chain of infection and protect themselves, their patients, and all other individuals.



Practice Activity

Click here to access the [Standard Precautions Review Questions](#)