

SARATOGA COUNTY PUBLIC HEALTH NURSING SERVICE

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**SUBJECT:   A) STANDARD PRECAUTIONS (FORMERLY UNIVERSAL PRECAUTIONS)**  
**B) TRANSMISSION-BASED PRECAUTIONS**

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**A) STANDARD PRECAUTIONS**

**DEFINITION:** Standard precautions shall apply to all body fluids (not just bloodborne pathogens fluids). All body fluids are considered potentially infectious and personal protective equipment (PPE) shall be worn whenever contact with any body fluid, secretion or excretion is anticipated.

**PURPOSE:** Standard precautions will be used by all employees of Saratoga County Public Nursing Service to protect themselves from risk of exposure to bloodborne pathogens and other potentially infectious pathogens during performance of their daily job tasks.

**RESPONSIBILITY:** All personnel, whether in Category A – (frequent exposure) or B – (infrequent exposure), are required to use Standard Precautions whenever having anticipated contact with blood or other potentially infectious body fluids.

**B) TRANSMISSION-BASED PRECAUTIONS**

**DEFINITION:** These Precautions are added to Standard Precautions when patients have a documented/suspected infection that may be transmitted to others, for patients suspected of being infected, and for patients who are colonized or infected with a highly transmissible or epidemiological important pathogen.

The three types of transmission-based precautions are:

-  Airborne Precautions
-  Droplet Precautions
-  Contact Precautions

**PURPOSE:** These Precautions are used in addition to Standard Precautions to interrupt the transmission of infections that require the use of other barriers such as gowns, masks and possibly goggles.

Some patients may require one or two types of transmission-based precautions depending on the type of infection and modes of transmission.

**RESPONSIBILITY:** All personnel, whether in Category A – (frequent exposure) or B – (infrequent exposure), are required to use Transmission-Based Precautions whenever these Precautions are initiated based on the assessment of Saratoga County Public Health Nursing Supervisory Staff and Communicable Disease Coordinator. A physician's order is not required to initiate these precautions.

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PROCEDURE	KEY POINTS/RATIONALE
<p><b>1. AIRBORNE PRECAUTIONS</b></p> <p>Airborne precautions are used to prevent transmission of tiny respiratory secretions called droplet nuclei. These microscopic droplets remain suspended in air and may travel via air currents within a room over long distances.</p> <p><b>In addition to Standard Precautions:</b>  <u>PPE Required:</u> Surgical mask</p> <p><u>Active Tuberculosis:</u> Certified N95 respiratory device required.</p>	<p>Diseases transmitted via the Airborne Route: Chickenpox (Varicella), Measles (Rubelola), Pulmonary or Layrngeal TB; Zoster (shingles).</p>
<p><b>2. DROPLET PRECAUTIONS:</b></p> <p>Droplet precautions are used for a patient known or suspected to be infected with large-particle respiratory droplets. These droplets do not remain suspended in the air and do not travel more than 3 feet from the patient.</p> <p>Persons who are within 3 feet of the patient when they cough, sneeze or talk may be at risk to develop their disease.</p> <p><b>In addition to Standard Precautions:</b>  <u>PPE Required:</u> Surgical mask within 3 feet. Contact precautions may also be added with Adenoviral infections.</p>	<p>Diseases transmitted via the droplet route are:</p> <p>Hemophilus Influenza; Diptheria; Pertussis; Streptococcal Pharyngitis; Meningococcal Disease; Mycoplasma Pneumonia Disease; Pneumonia; Scarlet Fever; Viral Infections (i.e., Adenovirus, Influenza, Mumps, Fifths Disease, Rubella); RSV; Meningococcal Meningitis; Pertussis.</p>
<p><b>3. CONTACT PRECAUTIONS:</b></p> <p>Contact Precautions are used for patients known or suspected to be infected/colonized with epidemiologically important microorganisms that may be transmitted to others by direct skin-to-skin contact with the patient. Methods of transmission may be from oral secretions, skin-to-skin or body fluid.</p> <p><b>In addition to Standard Precautions:</b>  <u>PPE Required:</u> Gowns, gloves, (mask if also transmitted by the airborne route).</p>	<p>Diseases transmitted via the contact method are:</p> <p>Clostridium Difficile, E-coli 0157:h7; Herpes Zoster; Shigellosis; Parainfluenza Virus; Impetigo; Pediculosis; Hepatitis A; Enteroviral Infections; Scabies; Viral or Hemorrhagic Conjunctivitis; Viral Hemorrhagic Infections (Ebola, Lazza, or Marburg Virus); RSV; MRSA; VRE.</p>

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<b>PROCEDURE</b>	<b>KEY POINTS/RATIONALE</b>
<p><b>4. <u>HANDWASHING:</u></b></p> <ul style="list-style-type: none"> <li>➤ Hands will be washed with soap and water before and after each patient contact.</li> <li>➤ Hands will be washed immediately after accidental exposure to potentially infectious bodily fluids.</li> <li>➤ Hands must be washed immediately after removal of potentially infectious soiled gloves or other protective equipment.</li> <li>➤ Disposable handi-wipes will be available for use at clinic sites or wherever a sink is not available.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To prevent spread of infection.</li> </ul>
<p><b>5. <u>GLOVES:</u></b></p> <p>Latex or vinyl gloves will be worn in the following patient situations:</p> <ul style="list-style-type: none"> <li>➤ When anticipating contact with blood and/or other body fluids.</li> <li>➤ Gloves should be changed between tasks and procedures on the same patient to prevent cross contamination.</li> <li>➤ When handling blood and other body fluid specimens, or performing finger sticks, or venous puncture or phlebotomy procedures.</li> <li>➤ When handling surfaces, materials, and objects contaminated with blood or other body fluids.</li> <li>➤ Whenever cuts or broken skin areas are on the hand.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To reduce the incidence of contamination with bloodborne and other potential pathogens.</li> <li>➤ Gloves are single use and should be changed between each patient.</li> <li>➤ To reduce contact between clean activities and potentially contaminated activities.</li> <li>➤ Gloves are not necessary when routine injections are given as long as hand contact with blood or other infectious materials is not anticipated.</li> </ul>
<p><b>6. <u>GOWNS:</u></b></p> <ul style="list-style-type: none"> <li>➤ Gowns or plastic aprons will be worn when direct contact with the patient's body fluids and soiling of clothing may be likely.</li> <li>➤ Gowns or plastic aprons will be worn when care is provided to patients who are also on Contact Precautions.</li> <li>➤ Gowns shall be made of impervious material and should protect all areas of exposed skin and should prevent soiling of clothing worn by the caregiver.</li> <li>➤ If/when the garment becomes soiled it should be removed immediately or as soon as feasible and the hands washed to prevent the spread of microorganisms.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To reduce the risk of microorganism transmission to agency personnel.</li> <li>➤ To prevent the risk of microorganism from one patient to another via caregivers clothing.</li> </ul>

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<b>PROCEDURE</b>	<b>KEY POINTS/RATIONALE</b>
<p><b>7. <u>MASKS/GOGGLES:</u></b></p> <ul style="list-style-type: none"> <li>➤ Face masks and goggles can be worn alone or in combination.</li> <li>➤ When the staff member needs protection against eye, nose, or mouth contamination from splashes, spray, splatter or droplets of aerosolized blood or other potentially infectious materials, then a mask and goggles should be worn.</li> <li>➤ Surgical masks are generally worn with most airborne or droplet respiratory illnesses. Tuberculosis requires a NIOSH-certified N95 respiratory protective device to be worn while the patient is infectious. The manufacturer's guidelines should be followed for inspecting, cleaning and maintaining respirators to ensure that they function properly. Unless advised by SPHN, masks are used 1 per visit.</li> <li>➤ <b>Masks and eye protection should be put on before gloving and taken off after removal of the contaminated gloves.</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ To prevent airborne pathogens that may be encountered during patient care activities from being inhaled, ingested, or absorbed by mucous membranes.</li> </ul>
<p><b>8. <u>RESUSCITATION MASKS (CPR) ADULT/CHILD:</u></b></p> <ul style="list-style-type: none"> <li>➤ A transparent resuscitation mask equipped with a one way breathing valve is to be used for mouth to mouth ventilations.</li> <li>➤ Nursing personnel will be issued a mask and airway upon request/employment to carry in the nursing bag.</li> <li>➤ The nurse is responsible for reviewing the procedure and becoming familiar with how to apply the mask for an adult or child.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To reduce the risk of exposure of agency personnel, skin or mucous membranes to potentially infectious material.</li> </ul>
<p><b>9. <u>RED BIO-HAZARD BAGS:</u></b></p> <ul style="list-style-type: none"> <li>➤ Blood spills in the home.</li> <li>➤ Environmental surfaces may become contaminated by a blood spill within the home, such as if a full blood sample tube is dropped and broken.</li> <li>➤ The employee shall don gloves before attempting to clean the blood spill. Forceps or tongs should be used to pick up any broken glass or sharps.</li> </ul>	

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<b>PROCEDURE</b>	<b>KEY POINTS/RATIONALE</b>
<ul style="list-style-type: none"> <li>➤ Disposable towels and wipes shall be used to clean up the spill and the bleach packet carried by Home Care personnel can be used to disinfect the area.</li> <li>➤ Items heavily contaminated with blood or other potentially infectious materials should be placed into a leak-proof, heavy-duty plastic bag and the bag securely tied at the neck.</li> <li>➤ The bag(s) should be appropriately labeled as biohazardous or color coded in red and securely closed before removal from the home.</li> <li>➤ This regulated medical waste will be brought to the office and placed in the medical waste closet for pick-up by maintenance and incineration.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To prevent accidental exposure to bloodborne pathogens.</li> </ul>
<p><b>10. STORAGE OF PPE</b></p> <ul style="list-style-type: none"> <li>➤ Personal Protective Equipment is stored in the supply closet.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To provide easy access to equipment for all Home Care personnel.</li> </ul>

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**SUBJECT: HANDWASHING**

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**I. POLICY:**

Home Health Care Agency staff members are to follow handwashing procedures as appropriate.

**II. PURPOSE:**

To prevent the spread of infection among patients, caregivers, and staff by cleansing the hands of microorganisms. Handwashing is to be done before and after direct contact with the patient or patient equipment.

Handwashing with anti-microbial soap and water or alcohol based hand gel should be done after removing personal protective equipment. If hands become soiled with blood, body fluids, or any potentially infectious fluids, wash hands with anti-microbial soap and water. Utilize alcohol-based hand washing gel for those instances when you cannot reasonably access soap and water. For example, use hand gel when changing gloves during a sterile procedure to go on to a second wound, so that you do not need to leave the sterile field. Use soap and water to wash hands when caring for patients with clostridium difficile (c. difficile) associated disease. Alcohol hand gel is ineffective in killing c. difficile spores.

**III. EQUIPMENT:**

Agency issued soap  
Paper towels  
Warm running water (if available)  
Agency issued alcohol-based hand sanitizer

**IV. PROCEDURE:**

A. Handwashing with soap and water:

1. Gather equipment: agency issued soap, running water, paper towels
2. Place soap and towels on a paper towel
3. Standing away from sink, turn on the faucet
4. Wet hands and wrists with fingertips pointing down
5. Apply adequate amount of soap and work into a lather
6. Wash hands for approximately 15-20 seconds. Ensure friction is applied to the hands, between fingers and under fingernails
7. Rinse hands and wrist with fingertips and palms higher than wrists
8. Dry hands with paper towels working from fingertips to wrists
9. Turn off faucet with dry paper towel and dispose of used towels in wastebasket

B. Handwashing without water:

1. Gather equipment: Agency issued alcohol-based hand sanitizer
2. Apply gel to palm of hand and rub hands together
3. Rub all surfaces of the hands and fingers with gel until hands are dry

C. Other considerations to reduce bacteria on your hands to avoid transmission of infection:

1. Artificial fingernails or extenders are more likely to harbor gram negative organisms, they are not recommended when providing direct contact with Immune compromised patients receiving invasive procedures.
2. Keep natural nail tips trimmed less than ¼ inch long to reduce harboring bacteria
3. Old chipped nail polish may support growth of larger numbers of organisms on fingernails

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- D. When hands are visibly dirty or contaminated with blood or body fluids, wash hands with anti-microbial soap and water.
- E. When caring for patients with c. difficile associated disease use soap and water to wash hands.
- F. Agency issued anti-microbial soap and water or alcohol based hand sanitizer should be used in the following situations:
  - 1. Routinely decontaminating hands when not visibly soiled/contaminated with blood or body fluids.
  - 2. Before and after having direct contact with patients
  - 3. Before donning sterile gloves
  - 4. Before inserting and indwelling urinary catheter, peripheral vascular catheter or other invasive device.
  - 5. After contact with body fluids, excretions, mucus membranes, wound dressings, non-intact skin if hands are not visibly soiled.
  - 6. When moving from a contaminated site to a clean body site during care
  - 7. After removing gloves.
- G. Use of bar soap, or cloth towels in the patient's home does not meet the handwashing requirements to prevent transmission of infection.

Source: MMWR, October 25, 2002, P. 32,33.

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Source: MMWR, October 25, 2002, P. 32, 33.

# **BLOODBORNE PATHOGENS (BBP'S)**

## **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

### **WHAT ARE BLOODBORNE PATHOGENS?**

They are microorganisms, usually viruses, carried in a person's blood that cause infection and disease. You can become infected by contact with infected blood. The most common BBPs are:

- HIV – the virus that causes AIDS
- HBV – the virus that causes Hepatitis B – vaccine available to give you immunity
- HCV – the virus that causes Hepatitis C

### **HIV – THE VIRUS THAT CAUSES AIDS**

#### **WHAT IS HIV?**

HIV – Human Immunodeficiency Virus – is a virus that kills the body's CD4 cells. These cells help the body fight infection and disease. HIV can be passed from person to person when someone with HIV infection has sex or shares drug injection needles with another person. It can also be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breast feeds her baby. In the healthcare setting, workers have been infected with HIV after being stuck with needles containing HIV infected blood, or less frequently, after infected blood gets into a worker's open cut or a mucous membrane.

#### **WHAT IS AIDS?**

AIDS – Acquired Immunodeficiency Syndrome – is a disease you get when HIV destroys the body's immune system. Normally, the immune system helps you fight illness. When your immune system fails, you can become very sick and die.

### **HOW MANY HEALTH CARE WORKERS HAVE BEEN INFECTED WITH HIV AS A RESULT OF AN OCCUPATIONAL EXPOSURE?**

To date, the CDC is aware of 56 health care workers in the United States who have been documented as having sero-converted to HIV following an occupational exposure.

Nurses	23	Twenty-five have developed AIDS. Occupations for those persons who sero-converted are in the chart on the left. The majority (48) had some type of a puncture/cut injury. Forty-nine exposures to HIV infected blood, 3 to concentrated virus in the laboratory, 1 to visibly bloody fluid, and 3 to an unspecified fluid.
Laboratory Workers	19	
Surgical Technicians	2	
Housekeeper/Maintenance Worker	1	
Dialysis Technician	1	
Respiratory Therapist	1	
Health Aide	1	
Embalmer/Morgue Tech	1	

The CDC is also aware of 136 other cases of HIV infection or AIDS among health care workers who have not reported other risk factors for HIV infection and who report a history of occupational exposure to blood, body fluids, or HIV infected laboratory material, but for whom sero-conversion after exposure was not documented. The number of these workers who acquired their infection through occupational exposures is unknown.

### **WHAT ARE SOME PREVENTION STRATEGIES FOR PREVENTING OCCUPATIONAL EXPOSURES?**

The use of STANDARD Precautions as outlined in the previous pages can prevent occupational exposure to the BBPs, as well as other transmissible organisms. The Bloodborne Pathogen Exposure Control Plan outlines what Saratoga County Public Health is doing to protect employees. This includes a Hepatitis B Vaccine Program, point-of-use disposal of sharps, and widespread availability of gloves in various sizes.

In addition, there are sharps' safety devices available which can prevent needle stick injuries. When used properly, they can reduce the risk of occupational exposure to HIV. All employees receive training on the BBPs when they are first hired and annually thereafter.

### **WHAT IS AN OCCUPATIONAL EXPOSURE TO BBP'S?**

An occupational exposure is an injury that occurs as a result of performing your assigned duties. These can include percutaneous injury, such as needle sticks, cuts with a scalpel, from handling of sharps, splash/splatter of material into mucous membranes and onto non-intact skins.

### **WHAT DO I DO IF I HAVE AN OCCUPATIONAL EXPOSURE?**

Wash the affected area with soap and water. Notify your supervisor.

We follow the CDC guidelines for Post-Exposure Prophylaxis (PEP) – published May 15, 1999. PEP is most effective if started within one (1) hour of the exposure.

**IF IT IS WET AND IT IS NOT YOURS –  
WEAR GLOVES!**