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WILL YOU DO THE RIGHT THING?

You work in a germ factory! Your clients, their environment, and even your co-workers carry, grow and spread germs everywhere. Some of these germs can be serious. And, some can even be deadly.

Because you spend so much time in the germ factory - your chances of being exposed are pretty good. You might pick up a germ by touching it, breathing it, or by having a droplet land on the mucus membrane in your nose or eye.

Once you've been exposed - you may become infected. That's when you actually get sick from the germ. Or, you may never get sick . . . but unknowingly pass the germ on to someone else who will get sick.

This cycle is known as the chain of infection. It's a pretty tough cycle to break. But, the good news is . . . there is a proven method to keep yourself and others safe. It's called Standard Precautions.

STANDARD PRECAUTIONS are basic infection control guidelines for you to follow as you perform your daily work. Standard Precautions include:

- Washing your hands.
- Using protective equipment like gloves, gowns and masks.
- Handling infectious waste material properly.

Standard Precautions are written and regulated by OSHA (Occupational Safety and Health Administration). It is important to remember that OSHA regulations are federal law. This makes following Standard Precautions guidelines mandatory within all U.S. healthcare facilities.

Unfortunately, no one is going to follow after you and remind you to wash your hands or put on a gown and gloves before handling bodily fluids. It's completely up to you . . . to DO THE RIGHT THING . . . and follow standard precautions to protect yourself and others from infection.
Grab your favorite highlighter! As you read through this inservice, highlight five things you learn that you didn’t know before. Share this new information with your supervisor and co-workers!
OVERVIEW OF PRECAUTIONS

STANDARD PRECAUTIONS: Standard precautions are the “common sense” infection control guidelines you should follow as you perform your daily tasks with clients. (See detailed the TOP TEN guidelines on page 4.) Standard Precautions apply to all your clients, no matter what their diagnosis—even if they don’t seem sick!

Standard Precautions means you assume all blood, body fluids, secretions, open wounds, and mucous membranes contain an infection, and use:
- Gloves – As needed, to protect hands your hands.
- Gowns – As needed, to protect your skin and clothing.
- Masks – As needed, to protect you mouth and nose.

RESPIRATORY HYGIENE AND COUGH ETIQUETTE: This is a fairly new recommendation from the CDC that applies to everyone with a cough or cold symptoms, especially those with fever. It requires that everyone cover their noses and mouths with a tissue or the inside of the elbow when coughing or sneezing, dispose of tissues properly, and perform frequent hand washing.

TRANSMISSION-BASED PRECAUTIONS: These are the guidelines used when a client has a highly contagious infection. Transmission-based precautions include:

<table>
<thead>
<tr>
<th>PRECAUTION</th>
<th>WHAT EQUIPMENT IS NEEDED?</th>
<th>WHEN IS THIS USED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Precautions</td>
<td>Gloves and gown must be worn for all contact with the client and the client’s environment.</td>
<td>MRSA, VRE, e-coli, pink eye and hepatitis A.</td>
</tr>
<tr>
<td>Droplet Precautions</td>
<td>A mask must be worn for all contact within 3 feet of the client.</td>
<td>Pertussis, flu, strep throat, mumps, and rubella.</td>
</tr>
<tr>
<td>Airborne Precautions</td>
<td>A mask must be worn when ever you are in the same room as the client.</td>
<td>Measles, chickenpox, and shingles.</td>
</tr>
<tr>
<td>Expanded Airborne Precautions</td>
<td>A fit tested respirator must be worn for all contact with the client.</td>
<td>Tuberculosis (TB), smallpox and SARS</td>
</tr>
</tbody>
</table>

(See detailed descriptions of transmission precautions on pgs. 5-7.)

WHAT excites YOU?

LOOK HOW FAR WE’VE COME!
- In the 1830’s, most people believed that sunlight and fresh air killed germs.
- Up until the mid-1800’s, surgeons rarely washed their hands or a patient’s skin before surgery. Surgical instruments were only rinsed and sponges were reused.
- In 1860, Joseph Lister began to spray carbolic acid on surgical wounds, instruments and dressings. This reduced the number of deaths from surgery.
- Gloves were first used in the early 1900’s to protect nurses’ hands from chemicals used during surgery. Years later, gloves became a barrier, protecting patients and healthcare workers from infection.
- Until 50 years ago, patients with all different kinds of diseases stayed in the same room or ward.

In another hundred years, people will look back at the way things are done today. What do you think they will consider absurd or crazy about the way we did things in the 2000’s?

What changes do you think will happen in this century to improve infection control?
STANDARD PRECAUTIONS TOP TEN LIST

Here are the TOP 10 STANDARD PRECAUTIONS guidelines (recommended by the CDC) that you must follow at all times—for every client in every situation—even if the person doesn’t seem sick.

#1. WASH YOUR HANDS! Wash your hands before and after any contact with the client or the client’s environment.
   • In addition, you must wash your hands before putting on gloves and after taking them off. Wearing gloves is NOT a substitute for washing your hands.

#2. WEAR GLOVES! Wear gloves when you have to touch blood, body fluids, secretions, excretions, contaminated items, mucous membranes or any non-intact skin (example: cuts, wounds, stitches).
   • Situations when gloves must always be worn include mouth care, assisting with toileting, cleaning up spills, cleaning urinals or bedpans, and disposing of waste.
   • Remove gloves when finished with the procedure. Never leave the client’s care area with dirty gloves on your hands. Avoid touching clean objects, such as doorknobs, light switches, computer keyboards or your pen while wearing used gloves.

#3. WEAR A GOWN. Wear a disposable gown as needed to protect your skin and clothing from getting splashed with blood or body fluids.
   • Wear a waterproof gown if you are likely to be heavily splashed with body fluids.
   • Remove your dirty gown and wash your hands before leaving the client care area.

#4. WEAR A MASK OR GOGGLES. Wear a mask and eye protection as needed to protect your mucous membranes if you might get splashed or sprayed by blood or body fluids.
   • Situations when you might get sprayed or splashed include emptying bedpans and urinals, suctioning, and emptying a catheter bag.

#5. USE GLOVES AND CAUTION WITH SHARPS! Wear gloves and practice extreme care when handling needles, razor blades or any other “sharp” object.
   • Never attempt to re-cap a needle or syringe. If you find one, carefully pick it up and dispose of it in a designated biohazard waste box.
   • Always wear gloves when shaving clients.

#6. DISINFECT THE ENVIRONMENT. Routinely clean environmental surfaces, especially frequently touched surfaces like table tops, the remote control, telephone, bed rails, door knobs, and light switches.

#7. DISPOSE OF CONTAMINATED WASTE. Waste containing blood or body fluids is considered a biohazard and should be disposed of according to your workplace policy.
   • Put on gloves before handling biohazardous waste. Remove gloves and wash your hands after disposing of biohazardous waste.
   • In general, liquids can be flushed through the regular sewer system. Solid wastes, such as soiled wound dressings must be placed in specially marked biohazard bags and removed by professional biohazard waste removal services. Local, state and federal regulations outline how biohazardous waste is handled in your area.

#8. DISINFECT SHARED CLIENT EQUIPMENT. Carefully clean equipment every time it must be used from client to client, such as thermometers, blood pressure cuffs, bed pans, bedside commodes, walkers and wheelchairs.

#9. CLEARLY LABEL SPECIMENS. Label all specimens, such as urine, stool, or sputum as biohazardous by placing in a specified biohazard container and sealed bag for transport.

#10. USE A MOUTHPIECE FOR CPR. Use a mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions when performing CPR.