

## **Universal Precautions**

Universal precautions are safety precautions used with every client. Since you cannot identify every client who may transmit infection, you must treat all human body fluids as if they were known to be infectious.

### ***Handwashing***

Handwashing is the single most effective means of preventing the transfer of infection.

#### **When to wash your hands:**

- beginning and end of the work day
- before and after each patient contact
- before and after using gloves
- before eating or handling medications
- after using the toilet
- after wiping the nose or touching the face
- after touching contaminated surfaces
- if skin or mucous membranes come in direct contact with blood, wash or flush with water as soon as possible

### ***Handwashing Techniques***

5 Basic steps to handwashing:

1. Wet hands with water then add soap.
2. Use friction to generate lather and wash hands for at least 10 seconds.
3. Rinse well under a stream of water.
4. Dry hands thoroughly.
5. Turn off faucet with paper towel.

### ***Toys and other surfaces and objects***

Toys must be disinfected with a 1:10 bleach solution when they have been handled or mouthed by clients. Treat these items as though they are infectious. A spray bottle containing the bleach solution can be found in each clinic.

Tables and other surfaces should be wiped with a disinfectant spray following each session.

Tongue depressors should be broken and discarded immediately after use.

Cover all cuts, scratches, and/or dermatologic lesions on your hands (even when using gloves).

A first aid kit is located in each clinic.

After each hearing screening, spray a paper towel with disinfectant and wipe the earphones.

### ***Gloves***

Gloves must be worn when there is anticipation of hand contact with blood, potentially infectious materials, mucous membranes or non-intact skin when performing oral motor examinations or any invasive treatment procedures.

### **Removal**

You must follow a safe procedure for glove removal, being careful that no substances from the soiled gloves contact your hands.

- With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
- With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
- Dispose of the entire bundle **promptly**.
- Remove gloves when they become contaminated, damaged, or before leaving the work area.
- Wash your hands thoroughly.

### ***Clinicians***

After each session did you...

- Remove toys/materials from the therapy room?
- Clean mouthed toys/materials?
- Disinfect therapy table?
- Wash your hands?

# *HOW TO REMOVE GLOVES*

Gloves should be changed as soon as possible when soiled or if torn or punctured. Gloves must be removed when they become contaminated or before you leave the work area.



You must always change gloves between contact with people.

In order to prevent exposure to any infectious materials that might be on the gloves, it is important that you remove gloves correctly. You do not want your fingers to touch the outside of the gloves at any time.

The steps for safety removing gloves are illustrated below.

## **STEP 1**

With both hands gloved, peel off one glove starting from your wrist and continuing over your fingers. Hold the inside out glove that has been removed in your gloved hand.



## **STEP 2**

Use the inside out portion of the glove you just removed to peel off the second glove. Both gloves should be inside out when they are removed. This will prevent exposure to blood and other possibly infectious materials on the gloves.



## **STEP 3**

Tuck the first glove inside the second. Dispose of the entire bundle properly. Gloves must never be reused.

If not contaminated with blood or other possibly infectious materials, dirty gloves can be placed in the regular trash.



In some areas, special containers are available. The special containers are in place to protect people who might harm themselves with the gloves.

**NOTE:** Gloves should be disposed of in cans for contaminated trash (in red bags) if soiled with blood or other potentially infectious materials.



**STEP 4**

Wash your hands thoroughly.



**NOTE:** If you have an allergy to latex gloves or to the powder in the gloves, ask your supervisor for nonallergenic gloves.

[http://www.jirdc.org/training/bbp/Practices/PPE/PPE\\_3/ppe\\_3.html](http://www.jirdc.org/training/bbp/Practices/PPE/PPE_3/ppe_3.html)

# Latex Allergy - Information for Health Professionals

## What is latex allergy?

Latex is found in a variety of products, from everyday household items to many articles used in routine medical and dental care. An allergic reaction to natural rubber latex is actually a reaction to a protein contained in the sap of the Brazilian rubber tree (*Hevea brasiliensis*). This sap is used in manufacturing latex products. If someone who is sensitive to this protein comes in contact with it by touching or breathing it, an allergic reaction can occur. This allergic reaction can range from a simple skin rash to shock (which is rare). The amount of latex exposure needed to produce sensitization or an allergic reaction is unknown, but frequent exposure to latex proteins increases the risk.

People who experience allergic symptoms should avoid contact until medically evaluated. Some other chemicals used in the manufacture of gloves may also cause sensitization and serious reactions, particularly skin reactions.

## What are some of the symptoms of latex allergy?

- localized skin rash or itching (generally on the hands);
- hives;
- swollen red skin;
- swollen lips and tongue with difficulty breathing, wheezing;
- shortness of breath;
- dizziness;
- fainting;
- abdominal pain;
- diarrhea;
- anaphylactic shock.

## What should I do if I suspect I have a latex allergy?

- Avoid contact with latex products.
- Be evaluated by a physician experienced in diagnosing latex allergy.

## What are some things I can do to protect myself if I am allergic to latex?

- Avoid contact with natural rubber latex products.
- If you have to wear gloves in your work, ask your employer for nonlatex gloves.
- Avoid areas where you might inhale the powder from latex gloves worn by other workers.
- Wear a personal medical emergency ID bracelet.
- If prescribed by your physician, carry an emergency epinephrine kit in case you are accidentally exposed to latex and go into anaphylactic shock. Learn how to use it and make sure family members, friends and fellow employees know how to use it.
- If you use latex-based products on the job, alert your employer about your allergy.
- Before dental and medical procedures or examinations, alert health care providers about your allergy. Ask to be scheduled as the first patient in the morning to minimize your exposure to airborne latex particles.
- Participate in educational and training programs regarding latex allergy.
- If the allergy sufferer is a child, alert school and/or day care providers.
- Work with your allergist, local hospital and medical facilities to find latex-safe environments where you can go for treatment.
- Contact your local emergency responders (police, fire and ambulance service) to inform them of your condition so a plan of care can be developed before there is an actual emergency.

<http://www.nyhealth.gov/nysdoh//latex/latex.htm>

# 2006 Critical Access Hospital and Hospital National Patient Safety Goals

Note: New Goals and Requirements are indicated in **bold**.

- Goal 1 Improve the accuracy of patient identification.
  - 1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
  - 1B Not applicable.
- Goal 2 Improve the effectiveness of communication among caregivers.
  - 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
  - 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
  - 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
  - 2D Not applicable.
  - 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.**
- Goal 3 Improve the safety of using medications.
  - 3A Retired in 2006.
  - 3B Standardize and limit the number of drug concentrations available in the organization.
  - 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
  - 3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**
- Goal 4 Not applicable.
- Goal 5 Retired in 2006.
- Goal 6 Not applicable.
- Goal 7 Reduce the risk of health care-associated infections.



- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
  - 8A Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
  - 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.
- Goal 9 Reduce the risk of patient harm resulting from falls.
  - 9B Implement a fall reduction program and evaluate the effectiveness of the program. **Note: Replacement for 9A**
- Goal 10 Not applicable.
- Goal 11 Not applicable.
- Goal 12 Not applicable.
- Goal 13 Not applicable.
- Goal 14 Not applicable.

[http://www.jointcommission.org/GeneralPublic/NPSG/06\\_npsg\\_cah.htm](http://www.jointcommission.org/GeneralPublic/NPSG/06_npsg_cah.htm)

## **Hand hygiene**

Good hand hygiene minimises the acquisition and spread of infection in the Healthcare setting. Staff should keep their nails short and clean, not wear false nails and remove all nail varnish when at work.

Staff should wash their hands whenever they are visibly dirty or soiled and on the following occasions.

### **Before**

- entering or leaving an isolation area;
- starting work, going for a break or leaving for home;
- commencing any new cleaning operation;
- repairing or handling food and drinks;
- handling any catering equipment.

### **After**

- handling any soiled item;
- handling linen, bedding or waste;
- removing protective clothing, including gloves;
- any cleaning operation;
- using the toilet;
- nose blowing.

## **Handwashing technique**

This procedure need not take more than 30 seconds.

- Wet hands under running water.
- Apply cleansing agent.
- Wash hands thoroughly ensuring all areas are covered:
  - palm to palm;
  - right palm over left back and left palm over right back;
  - palm to palm, fingers interlaced;
  - backs of fingers to opposing palms with fingers interlocked;
  - rotational rubbing of right thumb clasped in left palm and vice versa;
  - rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.
- Rinse well under running water.
- Dry thoroughly on disposable paper towels.

- Apply handcream from wall-mounted dispenser.

Hands can be cleaned with an alcohol hand rub unless visibly soiled.

Communal pots or tubes of hand creams should not be used due to the risk of cross infection. Staff with extensive exposed lesions, such as eczema or psoriasis, should seek occupational health advice. Any cuts or abrasions on the hands and forearms should be covered with blue waterproof dressings and plasters.

All wrist and hand jewellery (where possible) should be removed at the beginning of each shift.

 [http://patientexperience.nhsestates.gov.uk/clean\\_hospitals/ch\\_content/cleaning\\_manual/infection\\_control.asp](http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/cleaning_manual/infection_control.asp)