PROTOCALL™

OSHA
&
INFECTION CONTROL

Inservice

Instructions: Please read, complete and return post-test.

PROTOCALL™

OSHA & INFECTION CONTROL

(Occupational Safety & Health Administration)

I. General Information

Standard Precautions, formerly called Universal Precautions, is a method of infection control defined by the Centers for Disease Control and Prevention, a Government agency. Under state and federal laws, health care workers are required to follow certain precautions when caring for people. Standard Precautions is defined as treating all blood, body fluids, not-intact skin, and mucous membranes as if they were infected with an infectious disease. Following Standard Precautions is the only safe way of performing your job. You cannot tell by looking at your clients or their charts if they are infected with a contagious (infectious) disease, such as HIV, hepatitis, or influenza.

From 1987 to 1995, federal and state laws required all health care workers to follow certain precautions or safety measures when caring for people. These rules were called Universal Precautions because they applied to all people being cared for, even if they were not suspected of having a disease.

In 1995, the CDC issued new guidelines, called Standard Precautions. The precautions are very much like Universal Precautions. Standard Precautions mean treating all blood, body fluids, non-intact skin (like abrasions, pimples, or open sores), and mucous membranes (opening of eyes, mouth, nose, rectum, or genitals) as if they were infected with an infectious disease.

Under Universal Precautions, some body fluids and mucous membranes were not included and some were. Standard Precautions is simpler to remember because it includes everything except sweat. It is also the best way to protect you from becoming infected with diseases, such as, HIV/Aids or hepatitis. Again, because you cannot tell if someone is infectious by looking at them or even by reading their charts, Standard Precautions is the only way to protect yourself. Under Standard Precautions, "body fluids" include saliva, sputum (fluid coughed up), urine, feces, semen, vaginal secretions, and pus or other wound drainage.

II. Tips for Preventing the Spread of Infection

Some diseases have become immune to the antibiotics we use. As a result, controlling diseases and preventing infections from spreading are more crucial than ever, and doing so begins with measures every individual can take. Here are some tips to remember:

- Wash your hands frequently--especially before preparing food, before eating, and after using the restroom.

II. Tips for Preventing the Spread of Infection (cont'd)

- Don't insist that your physician give antibiotics if you don't need them. Antibiotics have no effect on illnesses caused by viruses.
- Take prescribed antibiotics exactly as instructed. Do not stop taking them without checking with your physician, even if the medicine makes you feel better or worse.
- Keep your immunizations--and those of your children--up to date.

- Don't send your child to a day care center or to a school with symptoms of an infection--such as vomiting, diarrhea, and/or fever.
- Follow safe sexual practices.
- Do not use I.V. drugs; if you do, do not share needles.
- Don't share personal items--such as razor blades, tooth brushes, comb, and hairbrushes--don't eat or drink from others' plates or glasses.
- Keep kitchen surfaces clean, especially when preparing meat, chicken, and fish. Disinfect kitchen surfaces.
- Keep hot foods hot and cold foods cold; avoid leaving food out for an extended period.
- Remove gloves immediately when finished with procedure.
- Immediately wash all skin surfaces that have been contaminated with blood and body fluids. Flush skin with running water for one minute.
- Wear a disposal gown if you may come into contact with blood or body fluids (for example, emptying a urinary drainage bag). If your client has a contagious illness, you should wear a gown even if it is not likely you will come into contact with blood or body fluids.
- Wear a mask and protective glasses if the possibility exists that you will come into contact with splashing blood or body fluids (for example, emptying a bed pan)
- Wear gloves and use caution when handling razor blades, needles, and other sharp objects. Discard these objects carefully in a puncture-resistant, biohazard container.
- Avoid nicks and cuts when shaving clients.
- Carefully bag all contaminated supplies and disposes of them according to your agency's policy

III. Hand Washing

Hand washing is the single most effective way to prevent infection. Hands should be washed before and after patient contact. Wash hands during patient care as hands can become soiled. Wash hands with soap and water immediately after removing gloves. Wearing gloves does not eliminate the necessity for hand washing. If soap and water are

III. Hand Washing (cont'd)

not available, antiseptic hand cleanser or towelettes may be used, wash hands with soap and water as soon as possible. Hands should be scrubbed a minimum of 10 to 15 seconds. Dry hands with a paper towel and turn faucets off with the paper towel.

You carry millions of microbes on your hands. Most are harmless, but you can pick up some that cause illnesses, such as colds, flu, and diarrhea. When we forget to wash our hands, or don't wash them properly, we can spread these germs to other people, or give them to ourselves by touching our eyes, mouths, noses or cuts on our bodies. We can also pick up germs from objects, such as doorknobs and stair railings, touched by other people who aren't good hand washers. Think about all the things you touch each day and how many people may have touched them before you. Hand washing with warm water and soap can greatly reduce the chances of spreading or getting germs. The mechanical action of scrubbing loosens up the dirt and microbes on our hands and soap picks them up and bonds to them so that the water can wash them away.

Hand Hygiene Guidelines:

Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates.

CDC is releasing guidelines to improve adherence to hand hygiene in health care settings. In addition to traditional hand washing with soap and water, CDC is recommending the use of alcohol-based hand rubs by health care personnel. Alcohol-based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation for patient care because they address some of the obstacles that health care professionals face when taking care of patients.

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Hand rubs should be used before and after each patient just as gloves should be changed before and after each patient.

When using an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long. Many facilities prohibit staff from working with artificial nails because of the potential infection risk.

III. Hand Washing - Hand Hygiene Guidelines (cont'd)

Wash hands before you:

- √ Prepare or eat food
- √ Treat a cut or wound
- √ Tend to someone who is sick
- √ Put in or take out contact lenses
- √ Do any kind of activity that involves putting your fingers in or near your mouth or eyes

Wash hands after you:

- √ Go to the bathroom
- √ Handle uncooked foods, especially raw meat
- √ Eat
- √ Blow your nose, cough or sneeze
- √ Handle garbage
- √ Tend to someone who is sick
- √ Change a diaper
- √ Play with a pet

IV. Personal Protective Equipment (PPE)

The following is a description of Personal Protective Equipment:

Gloves - Put on gloves before contact with non-intact skin or with blood or body substances. Change gloves between each patient procedure. Wear non-sterile, latex gloves when performing any clinical procedure that may expose the staff to the patient's blood or other body substances. (e.g., with venipuncture and during perineal care) Sterile latex gloves are worn during certain clinical procedures that require sterile technique (e.g., during certain dressing changes or while inserting a urinary catheter). After each use sterile and non-sterile latex gloves are discarded in a leak resistant waste receptacle, such as a plastic trash bag.

Gowns - Wear moisture-proof, disposable gowns if clothing may be contaminated with blood or other body substances. Remove personal protective equipment after use, and dispose of it according to facility policy and procedure.

Masks - Disposable facemasks are worn whenever aerosolization or splattering of blood or other body substances may occur. Follow facility's procedure for disposal of mask. When respiratory isolation is required, a STOP sign is posted outside the patient's room. The STOP sign should alert staff/visitors, including children, of the necessity to wear a mask when entering the patient's room.

IV. Personal Protective Equipment (PPE) (cont'd)

Goggles - Goggles or safety glasses with side shields are worn when aerosolization or splattering of blood or other body substances may occur to the eyes. Clean the goggles with soap and water after each use. If the goggles become cracked or heavily contaminated, discard them according to facility procedures.

Disposable CPR Masks - Use disposable CPR masks if they are required to provide artificial mouth- to-mouth resuscitation or mouth-to-stoma ventilation.

V. Handling Sharps

A needle-stick or a cut from a contaminated scalpel can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS). Few cases of AIDS have been documented from occupational exposure. The Occupational Safety and Health Administration (OSHA) standard covering blood-borne pathogens specifies measures to reduce these risks of infection.

Prompt Disposal: The best way to prevent cuts and sticks is to minimize contact with sharps. That prevention means disposing of them immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps – either for disposal or, for reusable sharps, later decontamination for reuse. Contaminated sharps must never be sheared or broken.

Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending or removal is necessary the employees must use either a mechanical device or a hand-handed technique. If recapping is essential – for example, between multiple injections for the same patient – employees must avoid using both hands to recap. Employees might recap with a one-handed "scoop" technique, using the needle itself to pick up the cap and pushing cap and sharp together against a hard surface to reassure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

Sharps Containers: Containers for used sharps must be puncture-resistant. The sides and the bottom must be leak-proof. The container must be labeled or color-coded red to ensure that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and the sharps inside. Employees must never reach by hand into containers of contaminated sharps. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing, or employees could use tongs or forceps to withdraw the contents. Reusable sharps disposal containers may not be opened, emptied, or cleaned manually. Containers need to be located as near to the area of use as feasible and safeguarded to ensure safety. The containers must be replaced routinely and not to be overfilled, which can increase the risk of needle sticks or cuts.

VI. Procedures for Reporting Exposures, Medical Evaluation & Treatment

If an incident occurs, tell your immediate supervisor and call Protocall right away. You will be required to complete an incident report. If you are exposed, the exposed area must be washed immediately. If your skin is broken (by a needle-stick) or fluid has splashed in your eyes, your mouth or onto broken skin, both you and the source patient will be tested. Blood tests should verify that you're immune to hepatitis B and don't currently have a blood-borne infection. The source patient's current and past infections will also be checked.

If the source patient is infected with hepatitis B and, despite immunization, you never developed immunity to hepatitis B; you will be given hepatitis B immune globulin. If the source patient has syphilis, you will be offered antibiotics. If the source patient has HIV infection, you may take preventive medicines for four weeks. These medications should be started within hours of the accident. You will have repeat blood tests 6 to 9 months, depending on the risks posed by the source patient. Thus, if any infection develops, it will be found as soon as possible. If you are splashed with blood and your skin has no breaks, cracks or rashes, you have virtually no risk of getting a blood-borne infection despite the splash of blood. If you do receive an exposure to your skin, immediately wash the affected area thoroughly.

Specimen Collection

Blood or other body-substance specimens should be placed in a leak-proof bag and secured in a puncture-proof container during collection, handling, storage, and transport. The specimens must be labeled with the patient's name and identifying data. Place the puncture-proof container on the floor of the car during transport.

Handling Regulated Waste

The proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste is liquids or semi-liquid blood and other infectious materials and contaminated sharps. Containers used to store regulated waste must be leak proof to prevent leakage of fluids. Containers designed for sharps also must be puncture resistant. They must be labeled or color-coded to ensure that employees are aware of the potential hazards. If the outside of a container becomes contaminated, it must be placed within a second suitable container. Regulated waste must be disposed of in accordance with applicable state and local laws.

Isolation Policies and Procedures

When a client has or is suspected of having an infectious disease, special isolation precautions are required to keep the infection isolated, or separate from individuals who are not infected. These precautions will always be listed in the client's care plan and on the assignment sheet. It is for your safety and the safety of others that these

Isolation Policies and Procedures (cont'd)

precautions be followed. When entering a patient's room you must wear appropriate personal protective equipment. Display an isolation sign on the patient's door, the sign will alert staff personnel and visitors to the required precautions. Place the corresponding isolation sticker on the patient's chart. The sticker will alert personnel in ancillary departments to the required precautions. There are three (3) categories of isolation in addition to Standard Precautions:

Contact Precautions (C)

- To reduce the transmission of infectious agents spread by direct (skin to skin) or indirect (contaminated objects) contact.
- Applies to patients who are infected or colonized with epidemiologically important organisms including:
  - Multi-drug resistant bacteria (MRSA, VRE, ESBL, etc.)
  - Enteric infections such as C. difficile
  - Skin infections such as scabies, impetigo, major abscesses
- If entering a patient's room, must wear a gown and gloves.

Airborne Precautions (A)

- To reduce the risk of airborne transmission of infectious agents.
- Applies for patients known or suspected to have infections spread by droplet nuclei including: Tuberculosis, Varicella (chickenpox) and disseminated zoster* Measles*

Droplet Precautions (D)

- To reduce the risk of droplet transmission of infectious agents.
- Involves contact of the conjunctivae or mucous membranes of the nose or mouth of a susceptible person with large droplets containing microorganisms.
- Illnesses included are:
  - Diphtheria
  - Rubella
  - Pertussis
  - Mumps
  - Invasive N. meningitis disease
  - Invasive H. influenza disease
- Droplets are generated during sneezing, coughing, talking, and during certain procedures such as suctioning or bronchoscopy.
- Close contact (usually 3 feet or less) to the infectious person is required for transmission of the disease.
- Large droplets travel only short distances and do not remain suspended in the air.

VII. BloodBorne and Airborne Pathogens:

HIV, HEP B, TB & OTHER INFECTIOUS DISEASES

An infection is the invasion of body tissue by disease-producing organisms. An infectious disease is one, which is really communicable or easily passed on to others (contagious). A bloodborne disease is transmitted by microorganisms carried in the blood. These microorganisms may also be present in body fluids, non-intact skin, and mucous membranes.

Blood borne diseases can be transmitted if infected blood enters your bloodstream or if infected semen or vaginal secretions contact your mucous membranes. Mucous membranes include vaginal, penis, rectum, nose and mouth. It is not necessary to have sexual intercourse to transmit disease-several kinds of sexual activity can easily cause an infection. Using a needle to inject drugs, sharing needles with others and pregnant women to their unborn children can transmit bloodborne diseases.

Hepatitis is caused by a virus and is transmitted by blood-to-blood transfusion or by use of contaminated needles or contaminated items. Hepatitis refers to swelling (it is) of the liver (hepa) caused by the infection. The disease comes quite suddenly and can be severe and result in chronic illness. The disease can cause a fever and tiredness, and the client's skin becomes jaundiced (yellow). The client may be nauseated and have breathing problems; the liver may become enlarged. Several different viruses can cause Hepatitis; the most common are Hep A, B, and C. Hep B and Hep C are bloodborne diseases that can cause death. A vaccination for Hep B is available to prevent the disease. All healthcare professionals should have this vaccination. One never knows when he/she will be exposed to the virus that causes Hepatitis B. A vaccination is also available for Hepatitis A.

Clients with Hepatitis B need excellent skin and mouth care. You will also need to supplement their meals with highly nutritious liquid drinks. These clients usually have no appetite and have problems eating. They need a great deal of emotional support. Many people have Hepatitis B than AIDS (HIV). The risk of acquiring Hepatitis is greater than the risk of acquiring HIV. Behaviors that put people at high risk for Hepatitis B and C are for those individuals sharing used needles, unprotected sex, and or having multiple sex partners.

TUBERCULOSIS

Tuberculosis (TB) is an airborne disease carried on mucous droplets suspended in the air. When a person infected with TB talks, breaths, sneezes, they may release mucous droplets causing the disease. TB usually infects the lungs, causing coughs, difficulty breathing, fever and fatigue. Tuberculosis is an infection caused by slow-growing bacteria. These bacteria can infect the lungs or any body structures, including the brain, the skeleton and the lymphatic system. You could catch tuberculosis by breathing in infected droplets that get into air when infected people cough.

TUBERCULOSIS (cont'd)

There are two types of TB:

- TB infection (latent TB)
- TB disease (active TB)

Someone with TB infection carries the disease but does not show symptoms and cannot infect others. A person with active TB disease shows symptoms of the disease and can spread TB to others. TB infection can progress to TB disease. Signs and symptoms of TB are:

- √ Coughing up blood (hemoptysis)
- √ Night sweats
- √ Fever
- √ Chills
- √ Decrease appetite
- √ Abnormal Chest X-Ray
- √ Mantoux skin test

TB is more likely to spread in small, confined, or poorly ventilated places. TB disease is more likely to develop in people whose immune systems are weakened by the illness, alcoholism, malnutrition, or drug abuse. People with cancer and HIV/Aides are especially susceptible to develop TB disease when exposed, because their immune system is weakened.

As a health care worker, you should have a tuberculosis skin test once or twice a year. The test will determine if you have picked up the bacterium that causes Tuberculosis, but the test won't tell if you have the disease or active infection. A negative skin test means that you have not picked up the bacteria (unless you are HIV-positive or otherwise immunosuppressed.) If you have any illnesses or take medicines that keep you from reacting to the tuberculosis skin test, you may need to have additional skin tests to see if you are able to react to the test. If you have a positive reaction to the tuberculosis test, it usually means that you have been exposed to the bacteria, but there is a better than 90% chance that your body's immune system has suppressed the infection. When your skin test is found to be newly positive, you will have a chest x-ray to make sure that you don't have an active infection.

If you have a positive skin test and an abnormal chest x-ray or symptoms of Tuberculosis, you'll be treated for active disease. When you're diagnosed with active disease, you're infectious to others. You may be treated with 3 or 4 medicines for 9 to 12 months. You'll need to take precautions with your family, and you'll be kept out of work until you're no longer infectious. Active tuberculosis is much less common than a tuberculosis infection your immune system can suppress on its own.

TUBERCULOSIS (cont'd)

The BCG vaccine is not generally recommended for health care workers. However, if in the past you received BCG vaccine to prevent Tuberculosis, you may have a mild reaction to the Tuberculosis skin test, but you should still be tested. Usually, BCG reactions related to the Tuberculosis skin test become less severe over time. If your skin test increases in size and intensity, it may indicate that you have been infected with Tuberculosis, and you need to be treated. The BCG vaccine is not 100% protective, so you could still get Tuberculosis even if you had the vaccination. Unless you recently had your yearly Tuberculosis test, you should have a baseline Tuberculosis skin test if you are exposed to a patient with active Tuberculosis, especially if the disease wasn't recognized, and isolation and masks were not used. A follow-up test in three (3) months will show if the exposure resulted in infection.

Once you have had a positive skin test, you shouldn't continue to have skin tests because the tests almost always will be positive. Once you have a positive skin test, it's necessary to rely on symptoms to determine if you have tuberculosis. A chest x-ray should be obtained if you have a cough lasting for two (2) to three (3) weeks, if you are bringing up mucus with blood in it or if you have fever or weight loss. Routine yearly chest x-rays usually are not necessary.

Some people think that once they've been infected with the bacterium that causes Tuberculosis, they don't need to take precautions or wear a mask when dealing with Tuberculosis patients. Since there have been rare instances of persons being re-infected with a new Tuberculosis strain, however, you should continue to take precautions.

HIV/AIDS

HIV/AIDS classified as an autoimmune bloodborne disease. The body's immune system is weakened. People with AIDS lose all the ability to fight infection and can die from illnesses that a healthy body can handle. The disease is caused by a virus called human immunodeficiency virus (HIV). This virus lives in the infected person's blood, semen, and other body fluids. It can be transmitted by intimate contact - oral, vaginal, rectal - or by direct contact with body fluids or blood. One does not get AIDS by casual contact such as shaking hands, kissing, coughing, drinking from glasses, or sharing dishes. Many studies have been done within the homes of AIDS clients and no instant of AIDS was noted in families with casual contact. In most cases, AIDS is transferred through contaminated blood transfusions (prior to 1985), sexual contact, drug users sharing needles, and babies infected with the virus before birth.

When AIDS was first diagnosed (1980) it was found mainly among homosexuals and intravenous drug users. Later, it was discovered that it was also transmitted by contaminated blood transfusions. At this time it is considered to be the most dangerous of the sexually transmitted disease (STD). It has been found in persons of both sexes and in homosexuals and heterosexuals from all walks of life. Many times whole families are infected.

HIV/AIDS (cont'd)

It has spread to more than 100 countries. It has also been estimated that worldwide HIV has infected 8 to 10 million adults and million children.

Once an individual has been diagnosed with AIDS, the client may display swollen lymph glands, diarrhea, skin lesions, fever, chills, and night sweats, nausea and vomiting, mouth sores, difficulty breathing, cough, hair loss, tiredness, difficulty in walking, memory loss, and confusion. Your nursing care will be designed around these problems. Remember no two clients will be alike. Some may be confused, whereas others will be alert and oriented. Every client's care plan will need to be individualized to meet physical and emotional needs of the client. There is a great deal of fear as well as a lot of misinformation about the disease. With all of the publicity about the disease and the fact that a number of famous people have died from it, many people have become unreasonably fearful. In a town near Kokomo, Indiana, a large number of citizens grew alarmed because it was learned that a young boy suffering from hemophilia had developed AIDS from blood transfusions given to him at the hospital. They demanded that he not be allowed to go to the public school because he would spread the disease. For several months he was denied the right to attend school and some teachers refused to go to his home to give homebound classes.

It has been found that AIDS can also be transmitted to newborn babies during delivery or through the mother's milk. A new mother infected by a blood transfusion can also pass the disease breast-feeding her infant. However, diagnosis of an infant with AIDS is difficult during the first year of life. Nonetheless, every effort is being made to make an immediate diagnosis of the newborn since it is hoped that experimental drugs, AZT and DDZ, may arrest the disease if given immediately after birth. Children with AIDS need special attention and care.

The incubation time for the virus varies, but can be as long as 7 to 15 years. Thus, it is possible that individuals who received blood transfusions as far back as 1977 may be at risk for AIDS. Anyone who feels that he or she has been exposed because of sexual contact, transfusion, or drug use can be tested for AIDS. The results of such tests must be kept confidential.

As more information has come to light about the dread disease, the public is more aware of what is and what is not true. According to Dr. C. Everett Koop, former Surgeon General of the United States, we must come to terms with the fact that we are fighting a disease, not the people who have AIDS. He also said that those who are already afflicted are sick of people who need to be cared for like any other sick individuals.

At this time there is no vaccine to prevent AIDS and there is no cure for AIDS. There are experimental drugs being used for AIDS victims and great deal of research is underway to isolate the virus and discover effective treatments.

HIV/AIDS (cont'd)

The only way to lessen the impact of the AIDS virus is to avoid situations that are dangerous. For example, careful choice of sex partners, practicing safer sex by using condoms, establishing a monogamous relationship (staying with one partner), practicing abstinence, not "shooting" drugs intravenously, not using a "dirty" needle (best of all, not getting involved in drug use of any kind), making sure that blood used for transfusions is free from the AIDS virus, and using precautions when caring for an AIDS client. Such precautions include wearing gloves when cleaning up vomit or when changing a soiled bed.

By 1993, it is predicted that of the 300,000 to 480,000 people who develop AIDS, most will require hospitalization at least once and between 285,000 and 340,000 will die of AIDS. This means that home health aides will probably be involved in caring for AIDS clients between hospital visits. The Surgeon General states that quarantine has no role in the management of AIDS because it is not spread by casual contact, unless the AIDS victim deliberately exposes others by sexual contact and sharing drug equipment.

Chickenpox

A vaccination to prevent Chickenpox is available. If you were not vaccinated and don't have a history of Chickenpox (varicella) infection, you should have a blood test to check for immunity. Most adults are immune to varicella, even if they have no history of the disease. If your test is negative, you should have the varicella vaccine. If you aren't vaccinated, you're at risk of getting Chickenpox and spreading it to patients. A history of Chickenpox infection usually means that you are immune. However, some people do get Chickenpox a second time. This can happen if a blood test is positive for immunity. There is no 100% certain way to avoid this, but it happens only rarely. The disease is usually milder the second time. If you have a second round of Chickenpox infection, tell your supervisor as soon as you find out you have the disease so you can avoid patient contact.

Whooping Cough

Pertussis (whooping cough) can be life threatening to un-immunized infants. After children are immunized, the immunity only lasts until they are teenagers. Because Pertussis vaccine has side effects in older people, it's not given to adults and teenagers. This means teenagers and adults can get "Pertussis". Pertussis is responsible for some coughs or bronchitis that seems to "hang on" longer than the usual cold. If your cold lasts more than two (2) weeks, you should see your doctor.

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Infection Control Terms & Definitions

Asepsis: Sterility or no infection present. Refers to the clean and sanitary conditions you want to create in your client's home or setting.

Pathogens: Germs (micro organisms) that cause disease can be transmitted to human being.

Source: The source of infecting microorganisms, the source can be a person, contaminated surface, plants, pets, or anything that can carry a germ.

Mode of transportation: The way the microorganisms get from source to susceptible host. Transmission occurs in many ways:

- √ Direct person-to-person contact
- √ Indirect person-to-person contact
- √ Air borne.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include (but are not limited to) hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or that ay contains sharps.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or an item so that is no longer capable of transmitting infectious particles; the surface or item then is rendered safe for handling, use or disposal.

Engineering Controls: Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Control Plan: A written plan designed to eliminate or minimize employee exposure (required of all employers whose employees have occupational exposure that is identified in a job description).

Exposure Incident: A specific contact with the eye, mouth, other mucous membrane, or no intact skin or a parental contact with blood or other potentially infectious materials that occurs during the performance of an employee's duties.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parental contacts with blood or other potentially infectious materials that may occur during performance of an employee's duties.

Infection Control Terms & Definitions (cont'd)

Microbes: Microbes are the foundation of life: Microbes are everywhere. There are more of them on a person's hand than there are on the entire planet. Microbes are in the air we breathe, the ground we walk on, the food we eat-they're even inside us. We couldn't digest food without them-animals couldn't either. Without microbes, plants couldn't grow, garbage wouldn't decay and there would be a lot less oxygen to breathe. In fact, without these invisible companions, our planet wouldn't survive, as we know it.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by using a two-handed technique)

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OSHA / Infection Control
Post-Test

Name _____ Date _____

TRUE OR FALSE (please circle the answer)

1. The purpose of Universal Precautions is to prevent or minimize exposure to bloodborne pathogens.
   TRUE or FALSE

2. Hand washing is the most effective way to prevent infection.
   TRUE or FALSE

3. Gloves are not necessary when working in the home.
   TRUE or FALSE

4. AIDS has never been diagnosed from an Occupational Exposure.
   TRUE or FALSE

5. The best way to prevent cuts and sticks is to minimize contact with sharps.
   TRUE or FALSE

6. Reporting an exposure incident right away permits immediate follow-up.
   TRUE or FALSE

7. It is only necessary to wash your hands for the full two (2) minutes, twice a day.
   TRUE or FALSE

8. There are three types of isolation precautions.
   TRUE or FALSE

9. Airborne isolation is used with patients with an infection spread by droplets.
   TRUE or FALSE

10. Universal Precautions are not recommended by the Center for Disease Control.
    TRUE or FALSE

11. AIDS/HIV can be transmitted by holding hands.
    TRUE or FALSE