DISPOSITION OF PATIENTS WITH CONTAGIOUS DISEASES

Purpose: This is written to provide general guidelines for the treatment of a patient with a known or suspected communicable disease.

NOTE: Healthcare provider must recognize that any patient that presents with one of the following may be potentially infectious, and must take the necessary precautions to avoid secondary exposure. These precautions include following this protocol.

- · a skin rash
- · open wounds
- · blood or other body fluids
- · a respiratory illness that produces cough and/or sputum

Exposure Defined:
An exposure is determined to be any breach of the skin by cut, needle stick, absorption or open wound, splash to the eyes, nose or mouth, inhaled, and any other parenteral route.

- Patients with known or suspected communicable diseases/conditions calling in advance to schedule an appointment must be placed in a private room or with another patient who has an active infection with the same organism.

- Front desk staff will immediately notify the back office staff of the patient's arrival and request patient remains at desk until the medical assistant or nurse arrives to escort to the exam room.

- Gloves must be worn when entering the patient's room. Gloves should be changed after handling material that may have high concentrations of organisms. Gloves must be removed before leaving the patient's room and hands washed with an antimicrobial soap. Caregivers must ensure that hands do not touch potentially contaminated environmental surfaces after glove removal.

- Hand-washing should be done upon entering and exiting the exam room. Discard all disposable waste materials which have or may have come in contact with the patient in the trash container designated for biohazard waste.

- A gown/mask should be worn if substantial contact with the patient or environmental surfaces is anticipated or if the patient is incontinent, has diarrhea, an ostomy site, or other drainage not contained by a dressing. The gown/mask should be removed prior to leaving the room and care taken to avoid touching surfaces after removing the gown/mask.

- Non-critical patient care equipment should be used only for a single patient. If sharing of common equipment is absolutely necessary, the equipment must be adequately cleaned and disinfected before using it for another patient.

CLEANING AND DISINFECTION
Cleaning and Disinfection after a potentially contagious patient must be done immediately. Contaminated non-reusable equipment should be placed in biohazard bags and disposed of. Contaminated reusable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection according to manufacturer's instruction.

Please Post

County of Los Angeles • Department of Public Health

County of Los Angeles Public Health

REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Urgency Reporting Requirements

☎ = Report **immediately** by telephone ✉ = Report within **1 working day** of identification ⑦ = Report within **7 calendar days** from time of identification

REPORTABLE DISEASES

⑦ Acquired Immune Deficiency Syndrome (AIDS) ■
✉ Amebiasis
⑦ Anaplasmosis/Ehrlichiosis
☎ Anthrax, human or animal ✚
✉ Babesiosis
☎ Botulism: infant, foodborne, or wound
⑦ Brucellosis, animal; except infection due to *Brucella canis* ✚
☎ Brucellosis, human ✚
✉ Campylobacteriosis
⑦ Chancroid ■
☎ Chickenpox (Varicella), only hospitalized and fatal cases, do **not** report cases of herpes zoster or shingles
⑦ *Chlamydia trachomatis* infection, including lymphogranuloma venereum (LGV) ■
☎ Cholera ✚
☎ Ciguatera Fish Poisoning
⑦ Coccidioidomycosis
⑦ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
✉ Cryptosporidiosis
⑦ Cyclosporiasis
⑦ Cysticercosis or Taeniasis
☎ Dengue
☎ Diphtheria ✚
☎ Domoic Acid (Amnesic Shellfish) Poisoning
⑦ Ehrlichiosis/Anaplasmosis
✉ Encephalitis, specify etiology: viral, bacterial, fungal or parasitic
☎ *Escherichia coli*, shiga toxin producing (STEC) including *E. coli* O157 ✚
✉ Foodborne Disease
☎ Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source
⑦ Giardiasis
⑦ Gonococcal Infection ■
✉ *Haemophilus influenzae*, invasive disease only, less than 15 years of age
☎ Hantavirus Infection
☎ Hemolytic Uremic Syndrome
✉ Hepatitis A, acute infection
⑦ Hepatitis B, specify acute or chronic
⑦ Hepatitis C, specify acute or chronic
⑦ Hepatitis D (Delta), specify acute or chronic
⑦ Hepatitis E, acute infection
⑦ Human Immunodeficiency Virus (HIV) ■ (§2641-2643)
⑦ Influenza deaths, laboratory confirmed cases only, all ages ★
☎ Influenza, novel strains, human
⑦ Legionellosis
⑦ Leprosy (Hansen's Disease)
⑦ Leptospirosis
✉ Listeriosis ✚
⑦ Lyme Disease
✉ Malaria ✚
☎ Measles (Rubeola)
✉ Meningitis, specify etiology: viral, bacterial, fungal, or parasitic
☎ Meningococcal Infection
⑦ Mumps
☎ Paralytic Shellfish Poisoning
⑦ Pelvic Inflammatory Disease (PID) ■
✉ Pertussis (Whooping Cough)
☎ Plague, human or animal ✚
✉ Poliovirus Infection
✉ Psittacosis
✉ Q Fever
☎ Rabies, human or animal
✉ Relapsing Fever
⑦ Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
⑦ Rocky Mountain Spotted Fever
⑦ Rubella (German Measles)
⑦ Rubella Syndrome, Congenital
✉ Salmonellosis, other than Typhoid Fever ✚
☎ SARS (Severe Acute Respiratory Syndrome)
☎ Scabies, atypical or crusted ★
☎ Scombroid Fish Poisoning
☎ Shiga Toxin, detected in feces
✉ Shigellosis
☎ Smallpox (Variola)
✉ *Staphylococcus aureus* Infection; deaths only or admission to an intensive care unit of a person who: has not had surgery or dialysis or been hospitalized, or resided in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture.
☎ Streptococcal Infection, outbreaks of any type
✉ Streptococcal Infection, individual case in a food handler or dairy worker
✉ Streptococcal Infection, Invasive Group A, including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis; do **not** report individual cases of pharyngitis or scarlet fever. ★
⑦ *Streptococcus pneumoniae*, Invasive★
✉ Syphilis ■
⑦ Tetanus
⑦ Toxic Shock Syndrome
✉ Trichinosis
✉ Tuberculosis ✚ ■
⑦ Tularemia, animal
☎ Tularemia, human ✚
✉ Typhoid Fever, cases and carriers ✚
✉ *Vibrio* Infection ✚
☎ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
✉ West Nile Virus (WNV) Infection
☎ **Yellow Fever**
✉ Yersiniosis

☎ **OCCURRENCE OF ANY UNUSUAL DISEASE**

☎ **OUTBREAKS OF ANY DISEASE**, including diseases not listed above. Specify if occurring in an institution and/or the open community.

Reportable Non-Communicable Diseases or Conditions

⑦ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
⑦ Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
✉ Pesticide-Related Illnesses (Health and Safety Code §105200)

★ Reportable to the Los Angeles County Department of Public Health.
✚ Bacterial isolates and malarial slides must be forwarded to Los Angeles County Public Health Laboratory for confirmation. Health care providers must still report all such cases separately. ***Public Health Laboratory (562) 658-1300***
■ For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

HIV Epidemiology Program	***STD Program***	***TB Control Program***
(213) 351-8516	(213) 744-3070	(213) 745-0800
www.publichealth.lacounty.gov/hiv/index.htm	www.publichealth.lacounty.gov/std/index.htm	www.publichealth.lacounty.gov/tb/index.htm

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
Tel: (888) 397-3993 • Fax: (888) 397-3778

(Rev. 7/12)

COMMUNICABLE DISEASE PROTOCOL

Patients with communicable diseases will be **IMMEDIATELY** brought to a separate examination room, and are not permitted to remain in the waiting room.

A separate entrance should be used, if available.

Designated examination room is number _____

This room must remain closed with no admittance for at least one (1) hour after the patient leaves.

Safety&Health Fact Sheet

CONSULTATION CAL OSHA SERVICE

July 1999

Cal/OSHA Consultation Service
California Department of Industrial Relations
P. O. Box 420603 ▪ San Francisco, CA 94142-0603

Safety Needles & Needleless Systems

Bloodborne Pathogens Regulation Changes

New Cal/OSHA requirements intended to reduce needlesticks and other "sharps" injuries that can cause exposure to bloodborne pathogens took full effect on July 1, 1999. **An easy-to-read version of the revised regulation is available from the Cal/OSHA Consultation Service.**

Why was the regulation changed?

The recent changes to Section 5193 came about in response to:

- Continuing high numbers of needlestick and other sharps injuries in health care settings.
- Recognition of hepatitis C as a bloodborne pathogen of serious concern.
- Emerging technologies for needleless systems, and needles and other sharps devices with "engineered sharps injury protection" (e.s.i.p.).

Major elements of the revisions:

- New requirements for use of needleless systems and sharps devices with e.s.i.p., subject to four exceptions.
- New requirements for a program to evaluate and select needleless systems and sharps devices with e.s.i.p. appropriate for procedures conducted, with active involvement of frontline health care providers.
- Maintenance of a Sharps Injury Log.
- Addition of hepatitis C as a specifically named bloodborne pathogen.
- Reorganization of existing requirements for greater clarity, and a number of other changes.

Employers affected by these changes:

Health care providers continue to be the primary focus of Section 5193. The new requirements focus on employees conducting the following medical procedures:

- Withdrawal of body fluids.
- Accessing a vein or artery.
- Administration of medications or fluids.
- Any other procedure with potential for a sharps injury exposure incident.

Other employers who remain covered by the regulation include emergency and public safety services, correctional and custodial care facilities, and providers of services to any of these covered employers—such as plumbers and laundry—whose employees could be exposed to bloodborne pathogens. Employers whose employees may be reasonably anticipated to have occupational exposure to bloodborne pathogens are also covered, as are employees providing first aid.

What if safer devices are not available or could compromise patient care?

The goal of the new requirements is to protect employees without compromising patient safety or care. Practicing medical professionals helped draft the revisions. To address availability, patient care and other issues, there are four exceptions to the new requirements:

- Employer shows that no needleless systems or sharps devices with e.s.i.p. are available in the marketplace for their procedure.
- A licensed health care professional directly involved with a patient's care determines that available needleless systems or sharps devices with e.s.i.p. would compromise the patient's care or safety.
- Employer shows that available needleless systems and sharps devices with e.s.i.p. are not more effective in preventing exposure to bloodborne pathogens than the alternative they are using.
- Employer shows that sufficient information is not available on the safety performance of needleless systems or sharps devices with e.s.i.p. available in the marketplace, and the employer is actively evaluating such devices.

Where do we start?

Employers who have not yet begun converting to needleless systems and sharps devices with e.s.i.p. should focus **immediately** on coming into compliance by:

- Evaluating records of sharps injuries, talking with employees, and addressing areas where the frequency and consequences of exposure are greatest.
- Evaluating and selecting devices for the highest risk areas, then establishing the program—including maintenance of the required Sharps Injury Log—for all covered procedures.
- Documenting the above activities.

Cal/OSHA Consultation Service Offices

For telephone assistance and to request a no-cost consultation at your worksite:

Sacramento 916-263-0704
Oakland 510-622-2891
Van Nuys 818-901-5754
San Diego/San Bernardino/Anaheim 714-935-2750
Or toll-free **1-800-963-9424**

Questions asked frequently

Q. What does "engineeered sharps injury protection" (e.s.i.p.) mean?

A. As defined in the regulation, e.s.i.p. is a physical attribute that is built into a needle or other sharps device which effectively reduces the risk of a blood-borne pathogens exposure incident. Examples: devices which blunt, sheath, or withdraw the sharp.

Q. Would devices that facilitate safer recapping or disposal of sharps qualify as engineered sharps injury protection?

A. No. To qualify as e.s.i.p. the attribute must be an integral part of the sharps device. The ultimate intention, where any sharps device is used, is that it be guarded before—or as soon as possible after—removal from the patient or other source of blood or infectious material.

Q. Can I choose between a needleless system and a sharps device with e.s.i.p. if both are available for a particular procedure?

A. No. Where this choice is available, the needleless system must be used. Devices with e.s.i.p. are acceptable only where no satisfactory needleless system is available.

Q. Is a needleless system or sharps device with e.s.i.p. now required even when a doctor or nurse determines that it could compromise patient care or safety?

A. No. This is one of the exceptions to the new requirements. However, this exception is allowed only where a licensed health care professional directly involved in the patient's care has made and documented the determination, as required in the regulation.

Q. Can we use up our supply of traditional sharps devices?

A. Yes, but **only** where the required safer alternatives are not available, or one of the exceptions applies.

Q. We have completed our evaluation and selection process, including active involvement of affected employees, and have decided on the needleless system and sharps devices with e.s.i.p. that we want to use. However, our vendor has told us that several of the devices are temporarily out of stock. What do we do now?

A. Cal/OSHA recognizes that these major new requirements may cause temporary shortages of some devices, and will take this into account in enforcement actions. If the vendor delay is likely to be lengthy, alternative suppliers should be used. Just as with any device critical to continued patient care and employee safety, alternative devices and suppliers should be evaluated, selected and maintained as a back-up source.

Q. Is a device with engineered sharps injury protection that has been activated still required to be disposed of as sharps waste?

A. Yes. Because some devices can be defeated or deactivated, sharps with activated safety devices must still be disposed of as sharps waste.

Q. Do the new requirements apply to sharps other than needles?

A. Yes. The revised regulation contains a new definition of sharps in general, and requires that non-needle sharps be used which incorporate engineered sharps injury protection, subject to the four exceptions.

Q. Where can I get additional help with understanding the new requirements?

A. A number of Internet resources are listed below. You can also obtain free assistance from the Cal/OSHA Consultation Service without the concern of receiving an inspection or citations. You can request assistance by telephone, come into one of the offices around the state, or have a consultant come to your worksite.

Resources for information and assistance

Up-to-date information is key to keeping up with the requirements of Section 5193:

- At the Cal/OSHA website you can access a regulatory update which links to the new regulation: **www.dir.ca.gov/dosh**
- At the California Department of Health Services Sharps Program website—www.ohb.org/sharps.htm—you can see a list of needleless systems and sharps devices with e.s.i.p. and their manufacturers, and download a sample Sharps Injury Log.
- The federal OSHA website—www.osha.gov—has links to a wide variety of needlestick prevention resource materials.
- At the CDC website—www.cdc.gov—you can subscribe to Morbidity and Mortality Weekly Report by e-mail, and automatically receive recommendations of CDC, including for post-exposure procedures that are referenced by subsection (f) of Section 5193.
- The International Health Care Worker Safety Center (EPINet) website—www.med.virginia.edu/medcntr/centers/epinet/—has a wealth of information and resources, including a list of needleless systems and sharps devices with e.s.i.p., as well as detailed aggregate data on needlestick injuries recorded by the 70 institutions cooperating in its reporting network.
- The TDICT website—www.tdict.org—contains safety feature evaluation forms and other information to help with the process of evaluating and selecting safer devices.
- The Medical Waste Management Program in the California Department of Health Services has information on California requirements for management of medical waste. You can phone them at 916-327-6904.

Sharps Injury Log

Policy: To gather information related to occupational exposure to blood or other potentially infectious materials that may assist in developing new/improved systems for reducing/eliminating the risk of hazardous exposure.

Purpose: Sharps Injury Log is to generate a record of exposure incidents in the employer's facility that will include enough information about the cause of the incidents to allow the employer to analyze them and take preventive action.

California Code of Regulations, Title 8, Section 5193. Bloodborne Pathogens. Pathogens hazard from the workplace.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer.

The information recorded shall include the following information, if known or reasonably available:

(A) Date and time of the exposure incident;
(B) Type and brand of sharp involved in the exposure incident;
(C) By July 1, 1999, a description of the exposure incident which shall include:

1. Job classification of the exposed employee;
2. Department or work area where the exposure incident occurred;
3. The procedure that the exposed employee was performing at the time of the incident;
4. How the incident occurred;
5. The body part involved in the exposure incident;
6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;
7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
8. The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

Confidentiality. The employer shall ensure that employee medical records:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

Occupational Sharps Injury Log Addendum
(A Supplement to OSHA 300 and 301 Forms)

Insert your organization's confidentiality statement, instructions for completing log and obtaining medical care here.

Name of Employee_____ Employee ID Number_____

Assigned Injury ID #_____ Employee Work Unit_____

Date of Injury_____ Time of Injury_____ Completed by_____Date_____
(Employee health/ER staff)

Location of Injury (Check all that apply)	**Sharp Involved (If known)**	**Did the sharp being used have engineered injury protection(s)?**
☐ Finger ☐ Hand ☐ L ☐ R ☐ Arm ☐ L ☐ R ☐ Face or Head ☐ Torso ☐ Leg ☐ L ☐ R ☐ Other: _____ _____	Type: _____ Brand: _____ Model: _____ **Body Fluid Involved:** _____ _____ _____	☐ Yes ☐ No ☐ Don't Know **Was the protective mechanism activated?** ☐ Yes ☐ No ☐ Don't Know **When did the injury occur?** ☐ Before activation ☐ Don't Know ☐ During activation ☐ After activation

Job Classification	**Location and Department**	**Procedure**
☐ Doctor ☐ Nurse ☐ Intern/Resident ☐ Patient Care Support Staff ☐ Technologist: ☐ OR ☐ RT ☐ RAD ☐ Phlebotomist/Lab Tech ☐ Housekeeper/Laundry Worker ☐ Trainee, specify:_____ _____ ☐ Other:_____	☐ Patient Room ☐ ICU ☐ Outside Patient Room ☐ Emergency Department ☐ Operating Room/PACU ☐ Clinical Laboratory ☐ Outpatient Clinic/Office ☐ Utility Area ☐ Other:_____ _____ _____	☐ Draw venous blood ☐ Draw arterial blood ☐ Injection ☐ Start IV/Central line ☐ Heparin/Saline flush ☐ Obtain body fluid/tissue sample ☐ Cutting ☐ Suturing ☐ Other: _____ _____ _____

Describe, in detail, how the exposure incident occurred (e.g., the procedure being performed, the device being used, the body part affected, objects or substances involved and how they were involved):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Note: Developed by the American Hospital Association. This is not an official OSHA form but is based on sharps injury documentation requirements found in OSHA's revised Bloodborne Pathogens Standard. These new requirements are in addition to OSHA's employee injury and incident reporting requirements (OSHA 300 and 301 forms).

OSHA® FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.
- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: https://www.osha.gov/SLTC/bloodbornepathogens/index.html.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.

OSHA®
Occupational Safety and Health Administration
www.osha.gov 1-800-321-6742

DSG 1/2011

Guideline for Hand Hygiene in Health-Care Settings published in 2002.

Information can be obtained at www.cdc.gov/handhygiene.

So Why All the Fuss About Hand Hygiene? *Most common mode of transmission of pathogens is via hands!*

• Clean hands are the single most important factor in preventing the spread of pathogens and antibiotic resistance in healthcare settings.
• Hand hygiene reduces the incidence of healthcare associated infections.
• CDC estimates that each year nearly 2 million patients in the United States get an infection in hospitals, and about 90,000 of these patients die as a result of their infection.
• More widespread use of hand hygiene products that improve adherence to recommended hand hygiene practices will promote patient safety and prevent infections.

Evidence of Relationship Between Hand Hygiene and Healthcare-Associated Infections

• There is substantial evidence that hand hygiene reduces the incidence of infections.
• Semmelweis demonstrated that the mortality rate among mothers who delivered in the First Obstetrics Clinic at the General Hospital of Vienna was significantly lower when hospital staff cleaned their hands with an antiseptic agent than when they washed their hands with plain soap and water.
• In general, adherence of healthcare workers to recommended hand hygiene procedures has been poor.

Self-Reported Factors for Poor Adherence with Hand Hygiene

Adapted from Pittet D, *Infect Control Hosp Epidemiol* 2000;21:381-386.

• Healthcare workers have reported several factors that may negatively impact their adherence with recommended practices including; hand washing agents cause irritation and dryness, sinks are inconveniently located, lack of soap and paper towels, not enough time, understaffing or overcrowding, and patient needs taking priority.
• Lack of knowledge of guidelines/protocols, forgetfulness, and disagreement with the recommendations were also self-reported factors for poor adherence with hand hygiene.
• Perceived barriers to hand hygiene are linked to the institution and HCWs colleagues. Therefore, both institutional and small-group dynamics need to be considered when implementing a system change to secure and improve HCWs hand hygiene practice.

Definitions

Hand hygiene
– Performing hand washing, antiseptic hand wash, alcohol-based hand rub, surgical hand hygiene/antisepsis
Hand washing
– Washing hands with plain soap and water
Antiseptic hand wash
– Washing hands with water and soap or other detergents containing an antiseptic agent
Alcohol-based hand rub
– Rubbing hands with an alcohol-containing preparation
Surgical hand hygiene/antisepsis
– Hand washing or using an alcohol-based hand rub before operations by surgical personnel
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Indications for Hand Hygiene

ƒ When hands are visibly dirty, contaminated, or soiled, wash with non- antimicrobial or antimicrobial soap and water.
ƒ If hands are not visibly soiled, use an alcohol-based handrub for routinely decontaminating hands.
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Specific Indications for Hand Hygiene

Before:
– Patient contact
– Donning gloves when inserting a CVC
– Inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don't require surgery
After:
– Contact with a patient's skin
– Contact with body fluids or excretions, non- intact skin, wound dressings
– Removing gloves
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Selection of Hand Hygiene bAgents: Factors to Consider

• When evaluating hand hygiene products for potential use in healthcare facilities, administrators or product selection committees should consider the relative efficacy of antiseptic agents against various pathogens and the acceptability of hand hygiene products by personnel.

• Product acceptance can be affected by characteristics of the product such as its smell, consistency, color and the effect of skin irritation and dryness on hands.

• Easy access to hand hygiene supplies is essential for acceptance and use of products.

• Dispenser systems should function adequately and deliver an appropriate volume of product. Soap should not be added to a partially empty soap dispenser because of potential bacterial contamination of the soap.

Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Efficacy of Hand Hygiene Preparations in Killing Bacteria

• Plain soap is good at reducing bacterial counts but antimicrobial soap is better, and alcohol-based handrubs are the best.

Effect of Alcohol-Based Handrubs on Skin Condition

• Alcohol-based hand rubs are less damaging to the skin than soap and water.

• In the graph on the left the blue bar shows self-reported skin health scores for persons using soap and water, and persons using alcohol-based hand rubs are depicted by the orange bar. Self- reported studies indicate participants using soap and water reported a significant increase in dryness, cracking, and irritation after 2 weeks, whereas those that used the alcohol-based hand rub reported improvement in skin dryness.

• Epidermal water content shows the same results as the self-reported scores, after 2 weeks of use, the skin water content decreased for those that used soap and water (resulting in dryer skin) as compared with those who used an alcohol-based hand rub.

Boyce J, *Infect Control Hosp Epidemiol* 2000;21(7):438-441.

Time Spent Cleansing Hands:

one nurse per 8 hour shift

• The time required for nurses to leave a patient's bedside, go to a sink, and wash and dry their hands before attending the next patient is a deterrent to frequent hand washing or hand antisepsis.

• More rapid access to hand hygiene materials could help improve adherence.

• Alcohol-based hand rubs may be a better option than traditional hand washing with plain soap and water or antiseptic hand wash because they require less time, act faster, and irritate hands less often.

Voss A and Widmer AF, *Infect Control Hosp Epidemiol* 1997:18;205-208.

Recommended Hand Hygiene Technique

• These recommendations will improve hand hygiene practices of HCWs and reduce transmission of pathogenic microorganisms to patients and personnel in healthcare settings.

Handrubs

• When decontaminating hands with 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.

Handwashing

• When washing hands with soap and water, wet hands first with water, apply the amount of soap recommended by the manufacturer, and rub hands together for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water, dry thoroughly with a disposable towel, and use the towel to turn off the faucet.

Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Surgical Hand Hygiene/Antisepsis

• Surgical hand hygiene (or antisepsis) can be performed by using either an antimicrobial soap OR an alcohol-based hand rub with persistent activity.

• When an antimicrobial soap is used, the hands and forearms should be scrubbed for the length of time recommended by the product's manufacturer, usually 2-6 minutes. Longer scrub times (e.g. 10 minutes) are usually not necessary.

• When an alcohol-based hand rub with persistent activity is used, follow the manufacturer's instructions on the amount of product to use. Pre-wash hands and forearms with a non-antimicrobial soap and allow them to dry completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves.

Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Fingernails and Artificial Nails

• Nail length is important because even after careful hand washing, HCWs often harbor substantial numbers of potential pathogens in the subungual spaces.
• Numerous studies have documented that subungual areas of the hand harbor high concentrations of bacteria, most frequently coagulase-negative staphylococci, gram-negative rods (including *Pseudomonas* spp.), corynebacteria, and yeasts.
• Natural nail tips should be kept to ¼ inch in length.
• A growing body of evidence suggests that wearing artificial nails may contribute to transmission of certain healthcare- associated pathogens. Healthcare workers who wear artificial nails are more likely to harbor gram-negative pathogens on their fingertips than are those who have natural nails, both before and after handwashing. Therefore, artificial nails should not be worn when having direct contact with high risk patients.
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Gloving

• Wearing gloves reduces the risk of healthcare workers acquiring infections from patients, prevents flora from being transmitted from healthcare workers to patients, and reduces contamination of the hands of healthcare workers by flora that can be transmitted from one patient to another.
• Gloves should be used when HCWs have contact with blood or other body fluids.
• Gloves should be removed after caring for a patient.
• The same pair of gloves should not be worn for the care of more than one patient.
• Gloves should not be washed or reused.
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Education/Motivation Programs

• One strategy to promote improved hand hygiene behavior is to monitor healthcare worker adherence with recommended hand hygiene practices and to give feedback.
• Strategies to improve adherence to hand hygiene practices should be both multimodal (i.e. use several different methods or strategies) and multidisciplinary (i.e. involve several different areas of the institution, and types of HCWs). Patients and their families can be involved in reminding HCWs to wash their hands.
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Administrative Measures to Improve Hand Hygiene

• Make improved hand hygiene an institutional priority and provide appropriate administrative support and financial resources.
• Several administrative measures may help improve hand hygiene adherence among personnel who work in areas where high workloads and high intensity of patient care are anticipated. These include placing alcohol-based handrubs at the entrance to patients' rooms, or at the bedside and providing healthcare workers with individual pocket-sized containers.
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Alcohol and Flammability

• Alcohols are flammable
• Alcohol-based handrubs should be stored away from high temperatures or flames
• Application is key: Let It Dry!
Guideline for Hand Hygiene in Health-care Settings. *MMWR 2002*; vol. 51, no. RR-16.

Performance Indicators

• These performance indicators are recommended for measuring improvements in HCWs hand-hygiene adherence.
• Monitor and record adherence to hand hygiene by ward or service.
• Provide feedback to healthcare workers about their performance.
• Monitor the volume of alcohol-based hand rub used per 1,000 patient days.
• Monitor adherence to policies on wearing artificial nails.

Summary Alcohol-Based Hand rubs: What benefits do they provide?

• In summary, alcohol-based hand rubs provide several advantages compared with hand washing with soap and water, because they not only require less time, they also act faster. In addition, alcohol-based hand rubs are more effective for standard hand washing than soap, are more accessible than sinks, are the most efficacious agents for reducing the number of bacteria on the hands of healthcare workers, and can even provide improved skin condition.

PREVENTION IS PRIMARY!

Protect patients…protect healthcare personnel…promote quality healthcare!

Bio hazardous Waste

"Medical waste" means waste which meets both of the following requirements:

(1) The waste is composed of waste which is generated or produced as a result of any of the following actions:

(A) Diagnosis, treatment, or immunization of human beings or animals.

(B) Research pertaining to the activities specified in subparagraph (A).

(C) The production or testing of biological.

(D) The accumulation of properly contained home-generated sharps waste that is brought by a patient, a member of the patient's family, or by a person authorized by the enforcement agency, to a point of consolidation approved by the enforcement agency pursuant to Section 117904 or authorized pursuant to Section 118147.

(E) Removal of a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, from a trauma scene by a trauma scene waste management practitioner.

(2) The waste is either of the following:

(A) Bio hazardous waste.

(B) Sharps waste.

(3) Waste also includes, but is not limited to:

(A) blood-soaked bandages

(B) culture dishes and other glassware

(C) discarded surgical gloves

(D) discarded surgical instruments

(E) discarded needles used to give shots or draw blood (e.g., medical sharps)

(F) cultures, stocks, swabs used to inoculate cultures

(G) removed body organs (e.g., tonsils, appendices, limbs)

(H) discarded lancets

"Bio hazardous waste" means any of the following:

A. Laboratory waste, including, but not limited to, all of the following:
   1. Human or animal specimen cultures from medical and pathology laboratories.
   2. Cultures and stocks of infectious agents from research and industrial laboratories.
   3. Wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, including Brucellosis and Contagious Ecthyma, as identified by the department, and culture dishes and de-vices used to transfer, inoculate, and mix cultures.

B. Human surgery specimens or tissues removed at surgery or autopsy, which are suspected by the attending physician and surgeon or dentist of being contaminated with infectious agents known to be contagious to humans.

C. Waste, which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid, or blood from animals known to be infected with diseases which are highly communicable to humans.

D. Waste containing discarded materials contaminated with excretion, exudate, or secretions from humans that are required to be isolated by the infection control staff, the attending physician and surgeon, or the local health officer, to protect others from highly communicable diseases that are highly communicable to humans.

Bio hazardous Waste Standard:
Containers may be of any color and shall be labeled with the words "Bio hazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and on the sides so as to be visible from any lateral direction.

Bio hazardous Waste Handling Procedures:
Any persons manually loading or unloading containers of medical waste shall be provided by their employer at the beginning of each shift with, and shall be required to wear, clean and protective gloves and coveralls, changeable lab coats, or other protective clothing. The department may require, by regulation, other protective devices appropriate to the type of medical waste being handled.

Bio hazardous Waste Storage:
A designated accumulation area used for the storage of medical waste containers prior to transportation or treatment shall be secured so as to deny access to unauthorized persons and shall be marked with warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. The storage area may be secured by use of locks on entry doors, gates, or receptacle lids. The wording of warning signs shall be in English, "CAUTION—BIOHAZARDOUS WASTE STORAGE AREA—UNAUTHORIZED PERSONS KEEP OUT," and in Spanish, "CUIDADO—ZONA DE RESIDUOS—BIOLOGICOS PELIGROSOS—PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS," or in another language, in addition to English, determined to be appropriate by the infection control staff or enforcement agency. A warning sign concerning infectious waste, as that term was defined by Section 25117.5 as it read on December 31, 1990, that sign having been installed before April 1, 1991, meets the requirements of this section, until the sign is changed and as long as the sign is not moved. Warning signs shall be readily legible during daylight from a distance of at least 25 feet. Any enclosure or designated accumulation area shall provide medical waste protection from animals and natural elements and shall not provide a breeding place or a food source for insects or rodents.

Sharps Waste Handling Procedures:
Sharps Container "Sharps container" means a rigid puncture-resistant container that, when sealed, is leak resistant and cannot be reopened without great difficulty.

Sharps Waste "Sharps waste" means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

(a) Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes contaminated with bio hazardous waste, acupuncture needles, and root canal files.
(b) Broken glass items, such as Pasteur pipettes and blood vials contaminated with bio hazardous waste. (c) Any item capable of cutting or piercing that is contaminated with trauma scene waste.

To containerize sharps waste, a person shall do all of the following:

(a) Place all sharps waste into a sharps container.
(b) Tape closed or tightly lid full sharps containers ready for disposal to preclude loss of contents.
(c) Store sharps containers ready for disposal for not more than thirty days without the written approval of the enforcement agency.
(d) Label sharps containers with the words "sharps waste" or with the international biohazard symbol and the word "BIOHAZARD".

Source:
Medical Waste Management Act California Health and Safety Code Sections 117600 – 118360
www.cdph.ca.gov/.../**MedicalWaste/MedicalWasteManagementAct**
http://www.cdph.ca.gov/certlic/medicalwaste/Pages/default.aspx

OSHA® FactSheet

Personal Protective Equipment

Personal protective equipment, or PPE, is designed to protect workers from serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Besides face shields, safety glasses, hard hats, and safety shoes, protective equipment includes a variety of devices and garments such as goggles,coveralls, gloves, vests, earplugs, and respirators.

Employer Responsibilities

OSHA's primary personal protective equipment standards are in Title 29 of the Code of Federal Regulations (CFR), Part 1910 Subpart I, and equivalent regulations in states with OSHA-approved state plans, but you can find protective equipment requirements elsewhere in the General Industry Standards. For example, 29 CFR 1910.156, OSHA's Fire Brigades Standard, has requirements for firefighting gear. In addition, 29 CFR 1926.95-106 covers the construction industry. OSHA's general personal protective equipment requirements mandate that employers conduct a hazard assessment of their workplaces to determine what hazards are present that require the use of protective equipment, provide workers with appropriate protective equipment, and require them to use and maintain it in sanitary and reliable condition.

Using personal protective equipment is often essential, but it is generally the last line of defense after engineering controls, work practices, and administrative controls. Engineering controls involve physically changing a machine or work environment. Administrative controls involve changing how or when workers do their jobs, such as scheduling work and rotating workers to reduce exposures. Work practices involve training workers how to perform tasks in ways that reduce their exposure to workplace hazards.

As an employer, you must assess your workplace to determine if hazards are present that require the use of personal protective equipment. If such hazards are present, you must select protective equipment and require workers to use it, communicate your protective equipment selection decisions to your workers, and select personal protective equipment that properly fits your workers.

You must also train workers who are required to wear personal protective equipment on how to do the following:

- Use protective equipment properly,
- Be aware of when personal protective equipment is necessary,
- Know what kind of protective equipment is necessary,
- Understand the limitations of personal protective equipment in protecting workers from injury,
- Put on, adjust, wear, and take off personal protective equipment, and
- Maintain protective equipment properly.

Protection from Head Injuries

Hard hats can protect your workers from head impact, penetration injuries, and electrical injuries such as those caused by falling or flying objects, fixed objects, or contact with electrical conductors. Also, OSHA regulations require employers to ensure that workers cover and protect long hair to prevent it from getting caught in machine parts such as belts and chains.

Protection from Foot and Leg Injuries

In addition to foot guards and safety shoes, leggings (e.g., leather, aluminized rayon, or otherappropriate material) can help prevent injuries by protecting workers from hazards such as falling or rolling objects, sharp objects, wet and slippery surfaces, molten metals, hot surfaces, and electrical hazards.

Protection from Eye and Face Injuries

Besides spectacles and goggles, personal protective equipment such as special helmets or shields, spectacles with side shields, and faceshields can protect workers from the hazards of flying fragments, large chips, hot sparks,

optical radiation, splashes from molten metals, as well as objects, particles, sand, dirt, mists, dusts, and glare.

Protection from Hearing Loss

Wearing earplugs or earmuffs can help prevent damage to hearing. Exposure to high noise levels can cause irreversible hearing loss or impairment as well as physical and psychological stress. Earplugs made from foam, waxed cotton, or fiberglass wool are self-forming and usually fit well. A professional should fit your workers individually for molded or preformed earplugs. Clean earplugs regularly, and replace those you cannot clean.

Protection from Hand Injuries

Workers exposed to harmful substances through skin absorption, severe cuts or lacerations, severe abrasions, chemical burns, thermal burns, and harmful temperatureextremes will benefit from hand protection.

Protection from Body Injury

In some cases workers must shield most or all of their bodies against hazards in the workplace, such as exposure to heat and radiation as well as hot metals, scalding liquids, body fluids, hazardous materials or waste, and other hazards. In addition to fire-retardant wool and fireretardant cotton, materials used in whole-body personal protective equipment include rubber, leather, synthetics, and plastic.

When to Wear Respiratory Protection

When engineering controls are not feasible, workers must use appropriate respirators to protect against adverse health effects caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors. Respirators generally cover the nose and mouth or the entire face or head and help prevent illness and injury. A proper fit is essential, however, for respirators to be effective. Required respirators must be NIOSH-approved and medical evaluation and training must be provided before use.

Additional Information

For additional information concerning protective equipment view the publication, Assessing the Need for Personal Protective Equipment: A Guide for Small Business Employers (OSHA 3151) available on OSHA's web site at www.osha. gov. For more information about personal protective equipment in the construction industry, visit www.osha-slc.gov/SLTC/constructionppe/ index.html.

Contacting OSHA

To report an emergency, file a complaint or seek OSHA advice, assistance or products, call (800) 321-OSHA or contact your nearest OSHA regional or area office.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For more complete information:

OSHA® Occupational Safety and Health Administration

U.S. Department of Labor

www.osha.gov

(800) 321-OSHA

DOC 4/2006

Cleaning Spills of Blood and Body Substances

- Wear protective gloves and use appropriate PPE (e.g., use forceps to pick up any sharps and discard in sharps container)
- If the spill contains large amounts of blood or body fluids (e.g., >10 mL), clean the visible matter with disposable absorbent material and discard in appropriate containers for biohazardous waste
- Decontaminate the area using an EPA-registered disinfectant with specific label claims for bloodborne pathogens (e.g., HIV, HBV, HCV) or a freshly diluted bleach-based product (preferably EPA-registered), in accordance with manufacturer's instructions, and allow the surface to dry
- If a bleach-based product is used:
  - Use a 1:100 dilution to decontaminate nonporous surfaces
  - If the spill involves large amounts of blood or body fluids, use a 1:10 dilution for first application of germicide *before cleaning*, then followed by cleaning and subsequent decontamination with 1:100 dilution application

Post-Exposure Evaluation and Management
Employers are required to establish exposure control plans that include post-exposure follow up for their employees and to comply with incident reporting requirements mandated by the 1992 OSHA bloodborne pathogen standard. Access to clinicians who can provide post-exposure care should be available during all working hours, including nights and weekends. HBIG, hepatitis B vaccine, and antiretroviral agents for HIV post-exposure prophylaxis (PEP) should be available for timely administration, either by providing access on site or by creating linkages with other facilities or providers to make them available off-site (CDC, 2001).

The following are recommendation by the Centers for Disease Control (DHHS, 2003) for immediate activity after exposure.

Provide immediate care to the exposure site.

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.
- Irrigate eyes with clean water, saline or sterile irrigants.

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

Report the exposure to the government agency responsible for managing exposures. Reporting is necessary because PEP treatment may be recommended.

Spill Kit: Spray bottle with 10% bleach and water (1:10 solution). Label bottle with contents. Change bleach solution every 24 hours.

Zip Log Bag:

- 1 face mask
- 1 pair of goggles
- 1 pair of gloves
- 1 protective gown
- 1 copy of protocol

DECONTAMINATION PROCEDURES
BLOOD/BODY FLUID SPILLS

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

Policy: To ensure the appropriate cleaning disinfecting of equipment and the patient care area to prevent the spread of infections.

Procedures:

1. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials as soon as possible.

2. OSHA requires that work surfaces be cleaned with an "appropriate disinfectant." Appropriate disinfectants include a diluted bleach solution and EPA-registered antimicrobial products such as tuberculocides (List B), sterilants (List A), products registered against HIV/HBV (List E), and Sterilants/ High Level Disinfectants for equipment sterilization.
    - Fresh solutions of diluted household bleach made up every 24 hours are also considered appropriate for disinfection of environmental surfaces and for decontamination of sites. Contact time for bleach is generally considered to be the time it takes the product to air dry.

3. Employees must wear gloves when hand contact with blood, mucous membranes, OPIM, or non-intact skin is anticipated, and when performing vascular access procedures, or when handling contaminated items or surfaces [29 CFR 1910.1030(d)(3)(ix)].

4. Immediately clean-up of blood/body fluid spills as soon as possible after the spill occurs.

5. If the spill contains broken glass or other objects, these should be removed and discarded without contact with the hands. Use a device such as dustpan and broom to pick up sharp objects. Rigid sheets of cardboard may be used to handle such objects and discarded with the objects into an appropriate biohazard container.

6. Disinfect the spill site using an appropriate intermediate to high-level hospital disinfectant, such as a 10% dilution of household bleach. Flood the spill site or wipe down the spill site with disposable towels soaked in disinfectant to make the site. The disinfectant should be allowed to remain on the spill site for the period of time recommended by the manufacturer.

7. Wash hands as soon as possible after contamination and after removing gloves

8. If you get blood on you:
    - Wash it of as soon as possible with soap and water
    - Immediately flush your eyes with running water at a sink or eyewash station
    - Report the incident to your supervisor
    - Wear protective gloves
    - Disinfectant:
        - Solution of ¼ cup bleach per gallon of water
        - Commercially purchased disinfectant

CA Code of Regulations, Title 8, Sec. 5193
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030(d)(4)(ii)

Cleaning log

Cleaning and decontamination of equipment/work surfaces

Procedure:

1. All work surfaces and equipment must be cleaned with an approved disinfectant .

2. Clean work surfaces and/or equipment daily and before and after each patient use.

Directions:

Staff cleaning work surfaces and equipment shall initial the appropriate box (month and day). Staff shall initial and sign the bottom of this form for proper identification.

Location/area cleaned: _____ **Year:** _____

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Staff signature/initials:

Print staff name: _____ Staff signature: _____ Initials: _____

Print staff name: _____ Staff signature: _____ Initials: _____

Print staff name: _____ Staff signature: _____ Initials: _____

Print staff name: _____ Staff signature: _____ Initials: _____

Print staff name: _____ Staff signature: _____ Initials: _____

SECTION	Approval date:	
Infection Control	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Sanitary Environment & Decontamination of Surfaces	Revision date:	

POLICY:

Site environment shall be maintained in a clean and sanitary condition. Environmental safety includes the hygienic condition of the site. The site shall follow decontamination procedures on contaminated surfaces according to Cal-OSHA Standards, 8 CCR §5193; CA H&S Code §118275. The site shall utilize products from the most current EPA approved product list and information available from the EPA, Antimicrobial Division's website at https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

PROCEDURE:

I. General Appearance

A. Patient areas, restrooms, furniture, walls, floors, and carpets shall be unsoiled, neat, tidy, uncluttered, and in good repair.
   1. Cleaning shall be performed regularly, as scheduled, by staff or contracted service.
   2. Staff is responsible for keeping work areas neat and clean.
   3. Staff is responsible for reporting to the office manager/provider any soiled carpet, walls, etc. that require professional cleaning, repair, or replacement. Designated staff shall arrange for appropriate services, as needed.
   4. Staff is responsible for reporting to the office manager/provider if any equipment, furniture, carpet, etc. is in need of repair (i.e., torn upholstery covers, etc.). Designated staff shall arrange for repair or replacement, as needed.

II. Sanitary Supplies

A. Appropriate sanitary supplies shall be available for restroom use, including toilet tissue, hand washing soap, cloth/paper towels or antiseptic wipes.
B. Staff shall check restrooms frequently for presence of supplies and replenish supplies as necessary.

III. Hand Washing Facilities & Antiseptic Hand Cleaner

A. Hand washing facilities are available in the exam room and/or utility room, and include an adequate supply of running potable water, soap and single use towels or hot air drying machines. Sinks with a standard faucet, foot-operated pedals, 4-6-inch wing-type handle, automatic shut-off systems or other types of water flow control mechanism are acceptable. Staff is able to demonstrate infection control "barrier" methods used on site to prevent contamination of faucet handle, door handles and other surfaces until hand washing can be performed. On occasions when running water is not readily available, an antiseptic hand cleanser, alcohol-based hand rub, or antiseptic wipes is acceptable until running water is available (29 CFR 1919.1030).

B. Hand washing prevents infection transmission by removing dirt, organic material and transient microorganisms from hands. Hand washing with plain (non-antimicrobial) soap in any form (e.g., bar, leaflet, liquid, powder, granular) is acceptable for general patient care (Association for Professionals in Infection Control and Epidemiology, Inc., 1995).

C. Antimicrobial agents or alcohol-based antiseptic hand rubs shall be used for hand washing when indicated to remove debris and destroy transient microorganisms (e.g., before performing invasive procedures, after contact with potentially infectious materials). Plain and antiseptic hand wash products are properly maintained and/or dispensed to prevent contamination.

IV. Routine Decontamination

A. Contaminated work surfaces are decontaminated with an appropriate disinfectant (29 CFR 1910.1030). Written "housekeeping" schedules have been established and are followed for regular routine daily cleaning. Staff is able to identify frequency for routine cleaning of surfaces and equipment, the disinfectant used and responsible personnel.

V. Disinfectant Products

A. Products used for decontamination have a current EPA-approved status. Product shall effectively kill HIV/HBV/TB. If manufacturer's product label indicates it will kill TB, it is understood that product will effectively kill HIV and HBV. Decontamination products are reconstituted and applied according to manufacturer's guidelines for "decontamination."

VI. 10% Bleach Solution

A. If 10% bleach solution is used (using a minimum of 5.25% sodium hypochlorite concentration), it is changed/reconstituted ***every*** 24 hours (due to instability of bleach once mixed with water). Surface is cleaned prior to disinfecting due to presence of organic matter (e.g., dirt, blood, excrement) inactivating active ingredient, sodium hypochlorite. Surface is air dried or allowed appropriate time (stated on label) before wiping it dry and use. Manufacturer's directions, *specific* to every bleach product, are followed carefully.

VII. Waste Disposal Container

A. Contaminated wastes (e.g., dental drapes, band aids, sanitary napkins, soiled disposable diapers) are disposed of in regular solid waste (trash) containers, and are maintained to prevent potential contamination of patient/staff areas and/or unsafe access by infants/children. Closed containers are not required for regular, solid waste trash containers. (California Health and Safety Code Section 118275-118320) https://www.hercenter.org/rmw/osha-bps.php

B. Blood and Other Potentially Infectious Materials (OPIM) are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV-containing blood, cells, tissue, organs, cultures, medium or solutions. Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded. Double bagging is required only if leakage is possible.

VIII. Spill Procedure

A. Staff is able to identify procedures for prompt decontamination of blood/body fluid spills, the Personal Protective Equipment (PPE) and disinfectant used, and the responsible person(s).

B. PPE for protection against bloodborne pathogen hazards is available on site and shall include: water repelling gloves; clothing barrier/gown; face/eye protection (e.g., goggles/face shield); and respiratory infection protection (e.g., mask). It does not include general work clothes (e.g., uniforms, cloth lab coats) that will permit liquid to soak through. General work clothes are appropriate only if blood/OPIM does not penetrate through employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under NORMAL conditions of use. The storage of PPE are adequate to protect the PPE from contamination, loss, damage, water or sunlight. Proper storage often requires a dry and clean place that is not subject to temperature extremes.

SECTION	Approval date:	
Infection Control	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Infection Control / Standard and Universal Precautions	Revision date:	

POLICY:

Infection Control standards are practiced on site to minimize risk of disease transmission. Site personnel will apply the principles of "Standard Precautions" (CDC, 1996) used for all patients regardless of infection status. Standard precautions apply to blood, all body fluids, non-intact skin, and mucous membranes, which are treated as potentially infectious for HIV, HBV, HCV, and other blood borne pathogens. "Universal precautions" refers to the OSHA mandated program that requires implementation of work practice controls, engineering controls, blood borne pathogen orientation/education, and record keeping in healthcare facilities.

PROCEDURE:

I. Hand Washing Facilities

A. Hand washing facilities are available in the exam room and/or utility room, and include an adequate supply of running potable water, soap, and single use towels or hot air-drying machines. Sinks with a standard faucet, foot-operated pedals, 4-6-inch wing-type handle, automatic shut-off systems or other types of water flow control mechanism are acceptable. Staff is able to demonstrate infection control "barrier" methods used on site to prevent contamination of faucet handle, door handles, and other surfaces until hand washing can be performed. On occasions when running water is not readily available, an antiseptic hand cleanser, alcohol-based hand rub, or antiseptic wipes is acceptable until running water is available (29 CFR 1919.1030).

B. Hand washing prevents infection transmission by removing dirt, organic material and transient microorganisms from hands. Hand washing with plain (non-antimicrobial) soap is acceptable for general patient care (Association for Professionals in Infection Control and Epidemiology, Inc., 1995).

II. Antiseptic Hand Cleaner

A. Antimicrobial agents or alcohol-based antiseptic hand rubs are used for hand washing when indicated to remove debris and destroy transient microorganisms (e.g., before performing invasive procedures, after contact with potentially infectious materials). Plain and antiseptic hand wash products are properly maintained and/or dispensed to prevent contamination.

B. Hands shall be washed with soap and water when they are visibly soiled or after healthcare personnel have been in contact with patients with diarrheal illnesses such as Norovirus or *C. difficile*. As a precaution, wash with soap and water when in contact with any diarrheal illness.

III. Personal Protective Equipment (PPE)

A. PPE is specialized clothing and/or equipment for protection against blood borne pathogen hazards, and does not include general work clothes (e.g., uniforms, cloth lab coats) that permit liquid to soak through.

B. PPE is available for staff use on site, and includes,

- Water repelling gloves
- Clothing barrier (e.g., gown, sheets)
- Face/eye protection (e.g., goggles, face shield)
- Respiratory infection protection (e.g., mask)

C. Other necessary PPE are available specific to the practice and types of procedures performed on site. General work clothes are appropriate only if blood/OPIM does not penetrate through employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under NORMAL conditions of use.

D. The storage of PPE should be adequate to protect the PPE from contamination, loss, damage, water or sunlight. Proper storage often requires a dry and clean place that is not subject to temperature extremes.

IV. Contaminated Laundry

A. Contaminated laundry (soiled with blood/OPIM) is laundered by a commercial laundry service, or a washer and dryer on site. Contaminated laundry should not contain sharps, and when transported, should have the appropriate warning label. Manufacturer's guidelines are followed to decontaminate and launder reusable protective clothing, linens and other reusable barriers. Ensure that laundry areas have handwashing facilities and products and appropriate PPE available for staff. Laundry requirements are "not applicable" if only disposable patient gowns, linens and PPE are used on site.

V. Isolation Procedures

Personnel are able to demonstrate or verbally explain procedure(s) used on site to isolate patients with potentially contagious conditions from other patients.

A. Airborne precautions:
1. Have patient enter through a separate entrance to the facility (e.g., dedicated isolation entrance), if available, to avoid the reception and registration area;
2. Provide a facemask (e.g., procedure or surgical mask) to the patient and place them immediately in an airborne infection isolation room (AIIR);
3. If an AIIR is not available, place the patient immediately in an exam room with a closed door. If an AIIR is not available, place the patient immediately in an exam room with a closed door. Turn off air condition/heating equipment that may circulate the air from the isolation room into other patient areas within the facility;
4. Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet; and
5. Initiate protocol to transfer patient to a healthcare facility that has the recommended infection-control capacity to properly manage the patient;

6. PPE use:
    - Wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room
    - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn

7. Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials;
8. Use soap and water when hands are visibly soiled (e.g., blood, body fluids);
9. Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette;
10. Once the patient leaves, the exam room should remain vacant for generally one hour before anyone enters; however, adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly; and
11. If staff must enter the room during the wait time, they are required to use respiratory protection.

B. Droplet Precautions

1. Provide the patient with a facemask and place the patient in an exam room with a closed door as soon as possible (prioritize patients who have excessive cough and sputum production); if an exam room is not available, the patient is placed in a separate area as far from other patients as possible while awaiting care;
2. PPE use:
    - Wear a facemask, such as a procedure or surgical mask, for close contact with the patient; the facemask should be donned upon entering the exam room
    - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn;
3. Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; *note:* use soap and water when hands are visibly soiled (e.g., blood, body fluids);
4. Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette; and
5. Clean and disinfect the exam room accordingly.

C. Contact Precautions

1. Apply to patients with any of the following conditions and/or disease:
    - Presence of stool incontinence (may include patients with Norovirus, rotavirus, or Clostridium difficile), draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids
    - Presence of generalized or diffuse rash;
2. Prioritize placement of patients in an exam room if they have stool incontinence, draining wounds and/or skin lesions that cannot be covered, or have uncontrolled secretions;
3. Perform hand hygiene before touching patient and prior to wearing gloves;
4. PPE use:
    - Wear gloves when touching the patient and the patient's immediate environment or belongings
    - Wear a gown if substantial contact with the patient or their environment is anticipated;
5. Perform hand hygiene after removal of PPE; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., Clostridium difficile, Norovirus);
6. Clean/disinfect the exam room accordingly; and

7. Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available. Clean/disinfect the bathroom before it can be used again.

VI. Waste Disposal Container

A. Contaminated wastes (e.g., dental drapes, bandages, sanitary napkins, soiled disposal diapers) are disposed of in regular solid waste (trash) containers, and are maintained to prevent potential contamination of patient/staff areas and/or unsafe access by infants/children.

B. Blood and Other Potentially Infectious Materials (OPIM) are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV-containing blood, cells, tissue, organs, cultures, medium or solutions. Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded. Double bagging is required only if leakage is possible.

SECTION	Approval date:	
Infection Control	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Blood-Borne Pathogens and Biohazardous Waste Management	Revision date:	

POLICY:

The site will follow the OSHA Blood Borne Pathogens Standard and California Waste Management Act according to 8 CCR §5193 (Cal OSHA Health Care Worker Needle-stick Prevention Act, 1999); H&S Code, §§117600-118360 (CA Medical Waste Management Act, 1997); 29 CFR §1910, 1030.

PROCEDURE:

I. Blood and Other Potential Infectious Materials (OPIM)

A. OPIM are all human body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), and HIV or HBV-containing blood, cells, tissue, organs, cultures, medium, or solutions. Containers for blood and OPIM are closable, leak proof, and labeled and/or color-coded. Double bagging is required only if leakage is possible.

II. Personal Protective Equipment (PPE)

A. PPE is specialized clothing and/or equipment for protection against blood borne pathogen hazards, and does not include general work clothes (e.g., uniforms, cloth lab coats) that permit liquid to soak through.

B. PPE is available for staff use on site, and includes,

- Water repelling gloves
- Clothing barrier (e.g., gown, sheets)
- Face/eye protection (e.g., goggles, face shield)
- Respiratory infection protection (e.g., mask)

C. Other necessary PPE are available specific to the practice and types of procedures performed on site. General work clothes are appropriate only if blood/OPIM does not penetrate through employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under NORMAL conditions of use.

D. The storage of PPE should be adequate to protect the PPE from contamination, loss, damage, water or sunlight. Proper storage often requires a dry and clean place that is not subject to temperature extremes.

III. Labels

A. A warning label is affixed to red-bagged regulated wastes, sharps containers, refrigerators/freezers containing blood or OPIM, containers used to store or transport blood or OPIM, and contaminated laundry or equipment for storage or transporting. The international “BIOHAZARDOUS WASTE” label, (fluorescent orange or red-orange with contrasting lettering/symbols) is an integral part of the container or affixed to container. Sharps containers are labeled with words “Sharps Waste” or with the international biohazard symbol and the word “BIOHAZARD”. Individual containers of blood or OPIM are exempted from warning labels if placed inside a labeled secondary container for storage, transport, or disposal. Alternative marking or color coding may be used to label contaminated laundry or specimen containers if the alternative marking permits employees on site to recognize that container requires compliance with Universal Precautions. If the contaminated laundry or specimen leaves the site, an international “Biohazardous Waste” warning label and/or red color-coding is used.

IV. Needle-Stick Safety

Contaminated sharps are discarded immediately. Sharps containers are located close to the immediate area where sharps are used, and are inaccessible to unauthorized persons. Sharps are not bent, removed from a syringe, or recapped. Needleless systems, sharps with engineered sharps injury protection (ESIP), and non-needle sharps are used unless exemptions have been approved by Cal/OSHA (8CCR, §5193). Security of portable containers in patient care areas is maintained at all times. Any device capable of cutting or piercing (e.g., syringes, hypodermic needles, needleless devices, blades, broken glass, slides, vials) are placed in a closable, puncture-resistant, labeled, leak-proof container. If these requirements are met, containers made of various materials (e.g., cardboard, plastic) are acceptable. Containers are not overfilled past manufacturer’s designated fill line, or more than three-quarters (¾) full. Supply of containers on hand is adequate to ensure routine change-out when filled.

V. Sharps Injury Documentation

Site has a method in place to document sharps injuries. Date, time, description of exposure incident, sharp type/brand, follow-up care is documented within 14 days of injury incident (see attached Sharps injury Report form).

VI. Contaminated Laundry

Site has a laundry service contract or a washer and dryer on site to launder contaminated laundry (soiled with blood/OPIM or containing contaminated sharps). Manufacturer’s guidelines are followed to decontaminate and launder reusable protective clothing. Laundry requirements are “not applicable” if only disposable PPE is used on site.

VII. Regulated Waste Storage

A. Regulated waste is contained separately from other wastes (e.g., contaminated wastes) at the point of origin in the producing facility, placed in red biohazardous bags with Biohazard label, and stored in a closed container that is not accessible to unauthorized persons. If stored outside of the office, a lock secures the entry door, gate or receptacle lid, and posted warning sign(s) in English and Spanish are visible for a distance of 25-feet. The sign wording states, "**CAUTION – BIOHAZARDOUS WASTE STORAGE AREA – UNAUTHORIZED PERSONS KEEP OUT"** and/or **"CUIDADO – ZONA DE RESIDUOS-BIOLOGICOS PELIGROSOS – PROHIBIDA LA ENTRADA A PERSONAS NO AUTHORIZADAS"**. Signs prior to the passage of the Medical Waste Act, Infectious Waste, are permitted for the "life" of the sign.

B. Regulated wastes include:
   - Biohazardous wastes, e.g., laboratory wastes, human specimens/tissue, blood/contaminated materials "known" to be infected with highly communicable diseases for humans and/or that require isolation, and
   - Medical wastes, e.g., liquid/semi-liquid blood or OPIM, items caked with dry blood or OPIM and capable or releasing materials during handling, and contaminated sharps (Health and Safety Code, Chapter 6.1, CA Medical Waste Management Act).

VIII. Medical Waste Disposal

The method of medical waste disposal is as follows (check the method that applies):

☐ Medical waste are hauled to a permitted offsite medical waste treatment facility, to a transfer station, or to another registered generator for consolidation.

A limited-quantity exemption is not required for Small Quantity Generator (SQG - up to 35.2 pounds). For Large Quantity Generator (LQG - more than 35.2 pounds), hauling is done by a registered hazardous waste transporter or by a person with an approved limited-quantity hauling exemption granted by the CA DHS Waste Management Division. The limited-quantity hauling exemption is valid for a period of one year and is renewed annually. When hauling medical wastes, the LQG transporter carries the exemption form in the transporting vehicle. For both SQG and LQG, a medical waste tracking document is maintained that includes name of person transporting, number of waste containers, type of medical wastes, and date of transportation. Tracking document is kept a minimum of 3 years for LQG and 2 years for SQG.

☐ The medical building or hospital collects the medical waste from the clinic suite to a central accumulation area in the medical/hospital building where their contracted registered hauler picks up and hauls the waste for disposal.

☐ Other: _____
_____
_____

NOTE: Contaminated waste including materials soiled with blood or other body fluids/secretions that do not have the potential to be transmitted and infect others (e.g., dirty diapers, old bandages, etc.) are not within the scope of regulated waste. Contaminated waste items need not be disposed as regulated waste in labeled red bags but can be discarded as solid waste in regular trash receptacle.

ATTACHMENTS:

Sharps Injury Report Form (resource)
Medical Waste Tracking Log (sample)
OSHA Fact Sheet - Protecting Yourself When Handling Contaminated Sharps