

Universal Precautions Policy

1. Rationale or background to policy:

The purpose of this policy is to establish guidelines to follow regarding universal precautions and sanitary practices including hand washing for infection prevention, control, and to prevent communicable diseases.

2. Policy Statement:

It is the policy of CPLF to minimize the transmission of illness and communicable diseases by practicing and using proper sanitary practices. All CPLF staff will be trained on universal precautions to prevent the spread of blood borne pathogens, sanitary practices, and general infection control procedures. This includes active methods to minimize the risk of contracting illness or disease through individual to individual contact or individual to contaminated surface contact. Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:

- Use of proper handwashing
- Use of gloves in contact with infectious materials
- Use of a gown or apron when clothing may become soiled and infectious materials
- Use of a mask and eye protection, if splashing is possible
- Use of gloves and disinfecting solution when cleaning a contaminated surface
- Use of gloves and proper bagging procedures when handling and washing contaminated laundry

3. Procedures: Guidance in support of day-to-day decisions

1. The concept of universal precautions presumes that all bodily fluids are infectious and therefore all CPLF staff are to handle blood and or body fluids as if infected. This not only protects caregivers, but also, by applying the same procedures to everyone, removes the stigma that might otherwise be associated with glove-and-mask use around highly infectious patients.

2. Hand washing is the single most important practice for preventing the spread of disease and infection. Proper hand washing will be completed as a part of regular work practice and routine, regardless of the presence or absence of any recognized disease and infection. Staff are also expected to assist an individual served to ensure regular hand washing.

Staff hand washing will occur before and after assisting an individual with personal care, with any contact with blood or body fluids or after any possible contamination.

- Wet hands and wrists with warm water.
- Apply enough soap to create lather.
- Rub hands together to create lather.
- Rub all surfaces of hand with lather and friction for at least 10-15 seconds (palms backs of hands, fingers, spaces between fingers, around and under nails, and wrists). In case of exposure to blood or other potentially infectious materials wash hands for 3 to 5 minutes.
- Rinse thoroughly with warm water.
- Pat skin dry with a clean paper towel.
- Turn off faucet with a dry paper towel.
- Discard waste.

3. Staff will ensure that their coughs and sneezes are appropriately covered. Appropriately covered means coughing or sneezing into a tissue or paper towel. When these items are not available, staff will cough or sneeze into their elbows. Staff are also expected to assist an individual served to understand and use appropriate means to cover their coughs and sneezes.

4. Gloves will be used as a barrier between hands and any potential source of infection. Gloves must be worn when contact with high risk bodily fluids can be reasonably anticipated. Fresh gloves will be used for each situation and for each person served. Removal of gloves should be from “glove to glove” and “skin to skin” ensuring contamination is folded into glove.

5. If necessary, a fluid resistant gown may be provided for staff to wear as a barrier during cleanup of high volume fluids.

6. Eye protection may be made available whenever splashes or drops of high risk bodily fluids are anticipated. This can include, but is not limited to, oral hygiene procedures and cleanup of large amounts of high risk bodily fluids.

7. Surfaces are to be clean and sanitized by staff in the following manner.

- Apply gloves.
- Sanitize any surfaces carefully wipe any blood or body fluid with a paper towel and dispose of paper towel in the trash can.
- If surface is grossly contaminated with blood or body fluid, wash area with soap and water before spraying with disinfectant.
- Spray disinfectant on the surface until completely covered.
- When sanitizing a non-absorbable surface, wait 30 seconds before you wipe it off.
- Wipe surface with a clean paper towel and discard paper towel in the trash can.
- Allow surface to air dry.
- Remove gloves and wash hands.

8. Staff are to use extreme, deliberate precaution in handling contaminated needles and sharps. Contaminated needles will not be bent or recapped. All needles will be disposed of in an appropriate sharps container.

9. When handling linen and clothing contaminated with high risk bodily fluids, staff will wear gloves at all times. Contaminated laundry will be cleaned in the washing machine and dried in the dryer separate from non-contaminated laundry.

10. Specimens obtained for medical testing or procedures containing high risk bodily fluids or other potentially infectious material must be handled with gloves, placed in a sealed container to prevent leakage, and labeled with the person's name and the type of specimen. If refrigeration is required, the specimen will be placed inside a second sealed container and separated from any refrigerated foods. Food and drink will not be stored in areas where bodily fluids, hazardous

Post Exposure Response Plan

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to their Supervisor. Post-exposure response plan directs staff to seek immediate medical attention and to report the incident to their direct supervisor as soon as possible. For eye exposures, flush eyes under eyewash for 10 minutes and get medical assistance. If the source of the contaminating blood is known take this information with you to the doctor.

2. When staff have been exposed to a diagnosed communicable disease, staff may return to work upon direction of a health care professional.

UNIVERSAL PRECAUTIONS

To avoid getting infected with HIV, Hepatitis B or C or another communicable disease, use the following precautions when you come into contact with any body fluids or fecal matter. In order to be safe and not to discriminate, assume that everyone is infectious.

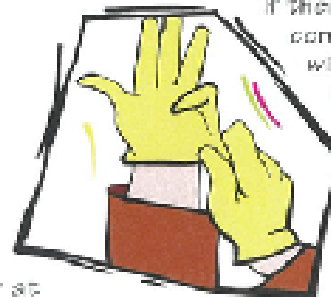
COVER CUTS

If you have cuts or open sores on your skin, cover them with a plastic bandage.



WEAR GLOVES

If there is any risk of coming into contact with blood or other body fluids, wear latex gloves. Gloves should only be worn once and disposed of in a plastic garbage bag.



WASH HANDS

Wash your hands with soap and hot water for at least 20 seconds after you have had contact with blood or other body fluids, after going to the bathroom, before preparing or eating food, and after removing latex gloves. Use hand lotion to help keep your hands from becoming chapped or irritated. Intact skin is your first defense against infection!

DISCARD GARBAGE

Use caution when disposing of garbage and other waste that may contain infected materials or used needles. Discard material soiled with blood or other body fluids in a sealed plastic bag.



CLEAN UP

Spills of blood or other body fluids should be cleaned up with a fresh mixture of household bleach (1 part) and water (9 parts). Paper towels should be used and disposed of in a plastic garbage bag. Remember to wear latex gloves during clean-up.



WASH CLOTHES

Soiled items should be stored in sealed plastic bags. Wash soiled clothing separately in hot soapy water and dry in a hot dryer, or have clothes dry-cleaned.

For more copies of this poster or other documents on HIV/AIDS, contact the Canadian HIV/AIDS Information Centre at 877-888-7710 or 813-725-1205. Email: ahccida@cphs.ca www.aidsonline.ca

Published by the Canadian HIV/AIDS Information Centre, a program of the Canadian Public Health Association.



Canadian HIV/AIDS Information Centre
Le Centre canadien sur le VIH/sida

Funding for this publication was provided by Health Canada.