

## **PRECAUTIONS TO PREVENT TRANSMISSION OF BLOOD-BORNE PATHOGENS**

**PURPOSE:** The School of Nursing is committed to providing a safe and healthful environment for students in clinical experiences. The purpose of this policy is to eliminate or minimize occupational exposure of students to blood-borne pathogens and other potentially infectious materials during such experiences, in accordance with OSHA standards 29 CFR 1910.1030.

### **POLICY:**

**A. Standard Precautions.** Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and bodily fluid precautions should be consistently used for all patients. This approach should be used in the care of all patients, especially those in emergency-care settings in which the risk of blood exposure is increased and the infection status of patients may be unknown.

The following precautions should be followed by all students in clinical settings:

1. All students should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Gloves should also be changed if they become visibly contaminated with blood or body fluids or if physical damage occurs. Wearing two pairs of gloves is recommended in situations where large amounts of blood may be present in the field of work, such as in an emergency department. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids. Any garment that becomes visibly contaminated with potentially infectious materials should be removed immediately or as soon as feasible and discarded into a biohazard container.
2. Hands should always be washed before and after contact with patients even when gloves have been used. Hands should be washed immediately after gloves are removed. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. If no soap or water are available in the immediate area, an antiseptic towelette shall be used.
3. All students should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

4. Students should not attempt to clean a spill of potentially infectious materials unless a student has been trained properly.
5. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
6. Students who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
7. Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant students should be especially familiar with and strictly adhere to Universal Precautions to minimize the risk of transmission.
8. Isolation precautions (e.g. enteric, "AFB") should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

**B. Precautions for Invasive Procedures.** For the purpose of this policy, an "invasive procedure" is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries 1) in an operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices; 2) cardiac catheterization and angiographic procedures; 3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or 4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists. The standard precautions listed above, combined with the precautions listed below, should be the minimum precautions for all such invasive procedures.

1. All students who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood or other body fluids of patients. Gloves and surgical masks must be worn for all invasive procedures. Protective eye wear or face shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other bodily fluids, or the generation of bone chips. Gowns or aprons of material that provide an effective barrier should be worn during invasive procedures that are likely to result in the splashing of blood or other body fluids. All health-care workers who perform or assist in vaginal or cesarean deliveries should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during post-delivery care of the umbilical cord.
2. If a glove is torn, the glove should be removed and a new glove used as promptly as patient safety permits. The needle or instrument involved in the incident should also be removed from the sterile field.