

UNIVERSAL BLOOD AND BODY SUBSTANCE PRECAUTIONS

PURPOSE: To reduce the risk of exposure of prehospital providers and patients to infectious disease. Disease agents may be present in body substances, regardless of whether they are known to be present. These agents may be carried and transmitted by clinically healthy individuals.

POLICY:

1. Methods of infection precautions shall be based on the potential for exposure to body substances not on patient diagnosis and/or assessment.
2. Precautions with all patients shall include routine use of appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated.
3. Hand washing remains the most effective infection control procedure. Nothing in this policy, including the use of barrier precautions, is to be interpreted as replacing the need for hand washing.
4. Equipment, supplies, and training necessary to implement this policy shall be made available by the provider agency.

DEFINITIONS:

1. **Bloodborne pathogen exposure** is contact with blood or other body fluids to which universal precautions apply, through percutaneous inoculation or contact with an open wound, non-intact skin, or mucous membrane.
2. **Antimicrobial Soaps** - Reduce the number of organisms present and remove transient flora, not normal flora.
3. **Antibacterial Soaps** - Kill off the resident bacteria that are on your skin to protect you from pathogens. They are not recommended for routine hand washing procedures.

AUTHORITY: California Health and Safety Code Sections 199.65-199.68, 1797.186, 1797.188-1797.189. Public Health Service Act, Sections 2681-2690 (42 U.S.C. 300ff-90).

PROCEDURE:

1. Barrier Precautions - Barrier precautions shall be available to the prehospital provider when patient contact is made.
 - a. Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients; for handling items or touching surfaces moist with blood or body fluids and for performing venipuncture. Gloves shall also be worn when giving injections if a prehospital provider has broken or non-intact skin. Care shall be taken to avoid contaminating other objects with contaminated gloves. Gloves shall be changed between patients and hands washed after glove removal.
 - b. Masks and protective eye wear (glasses or goggles) or face shields shall be worn during procedures and in situations that are likely to generate droplets of blood or other body fluids to prevent exposure. Non-disposable eye and face coverings shall be washed after each use.
 - c. Long-sleeved, impermeable gowns shall be worn during procedures and in situations that are likely to generate splashes or soiling from blood or body fluids.
 - d. When prehospital providers are responding to an incident where exposure to blood and body substances is anticipated, the appropriate barrier precautions should be in place prior to patient contact.
 - e. Torn gloves or other barriers shall be replaced as soon as practical.
 - f. For respiratory precautions spread by droplets, e.g., TB, SARS, chickenpox, see Miscellaneous Policies Module, **Transporting Acute Infectious Respiratory Conditions**.
2. Skin Precautions:
 - a. Prehospital providers are **strongly** encouraged to **avoid** wearing *artificial nails or rings* and to keep natural nails less than 1/4 inch in length.
 - b. Hand washing is a primary infection control procedure when hands are visibly soiled. Good hand washing technique includes washing hands with soap and running water, with particular attention paid to areas between fingers, thumbs, under nails and under rings. Rinse and dry hands thoroughly to avoid chapping and breaks in the integrity of the skin, the first line of defense against infection. Each prehospital care provider should carry his/her own personal bottle of lotion to avoid contamination.
 - c. Hands and other skin surfaces that become contaminated shall be washed immediately and thoroughly.



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- In situations where a sink and soap are not immediately available, the provider agency shall supply effective hand washing agent for all prehospital personnel.
 - Such agents should be specially formulated as a hand cleansing agent with anti-microbial properties. When using an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. The volume needed to reduce the number of bacteria on hands varies by product.
 - Hand washing with this type of agent shall be followed with washing with soap and running water ASAP.
 - d. Hands shall be washed soon as practical and possible after gloves are removed since significant growth of micro-organisms occurs in the warm moist environment under the glove and since glove-failure rates of up to 50% have been reported.
 - e. Open cuts (non-sutured, non-aligned, edges everted), abrasions, rashes or minor skin infection shall be covered with an occlusive dressing while working in patient care. Personnel with other skin lesions which cannot be protected, i.e. fingertip, palm of hand, **shall not** work in direct patient care.
3. Specific Procedures:
- a. When starting IV lines, place an absorbent pad under the limb to absorb any possible blood leaking from insertion site. Take care not to contaminate IV tubing flow-control clamp, etc.
 - b. When searching a patient, take care not to blindly insert your hand in pockets/purses/under car seats, etc.
4. Equipment and Supplies:
- a. Always handle needles and other sharp instruments with EXTREME caution to prevent infection with HIV, hepatitis and other blood borne diseases.
 - b. Management of Sharps:
 - Contaminated sharps shall NOT be recapped, purposely bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Never put a contaminated needle in your pocket or into a gurney mattress.
 - Sharps shall be disposed of in puncture resistant containers, which shall be located as close as practical to area of use. Sharps containers shall be part of the prehospital personnel's jump kit, and available at the scene of all patient contacts.
 - Sharps containers shall be sealed according to the manufacturer's specifications, and disposed of as infectious waste.
5. Contaminated Equipment:
- a. Disposable equipment, including dressing material, shall be disposed of at the Receiving Facility (RF) according to policies and procedures of the RF, or enclosed in a non-permeable container and transported to the provider agency if patient not transported to a Receiving Facility.
 - b. Reusable equipment shall be removed from service after each use until cleaned.
 - c. Each provider agency shall develop cleaning and decontamination procedures appropriate to its needs. At a minimum, gloves shall be worn during decontamination activities. Other barriers shall be worn depending on risk of splashing or other contamination.
6. Linen:
- a. Use of disposable linens is encouraged.
 - b. Moist linen shall be disposed of according to the policies and procedures of the provider agency or stored in non-permeable containers that will not break or leak.
 - c. Linens shall be used for one patient only.
7. Specimens and Body Fluids:
- a. Care shall be taken when collecting specimens to avoid contamination of the outside of the container. Laboratory specimens shall be contained in a resealable plastic bag for transport. Gloves shall be used for handling of laboratory specimens when contamination of the hands is anticipated.
 - b. Amputated or avulsed body parts shall be handled in accordance with appropriate treatment protocols. The sterile container shall be contained in a resealable plastic bag. Large body parts shall be placed in a large impermeable bag. Treat as infectious material.



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- c. Large volumes of blood or drainage as from suction machines shall be flushed down the sewer or disposed of in their collecting containers as infectious waste according to policies and procedures of the RF/Provider Agency.
 - d. When body fluids are spilled on environmental surfaces, the visible material shall be removed followed by decontamination by an approved disinfectant. Gloves shall be worn for this process, with gowns, masks/respirators, and goggles worn as needed.
8. Uniforms:
- a. Clothing worn while on duty as a prehospital provider that is soiled with body fluids shall be treated by removing as much visible material as possible by brushing and spot cleaning with disinfectant.
 - b. Clothing with large amounts of contaminants shall be changed as soon as practical.
 - c. Provider agencies shall provide a mechanism for clothing change for all personnel who have had a significant exposure to body fluids.
9. Other Waste: All waste not mentioned generated by prehospital care personnel shall be collected in impervious bags and closed, and disposed of at the Receiving Facility according to the policies and procedures of the facility or at the provider agency if the patient was not transported to a facility.
10. Reporting Requirements for Exposures to Communicable Disease:
- a. Provider agencies shall develop protocols for appropriate handling of prehospital employees who are exposed to communicable diseases. "Exposure" includes:
 - Perform direct mouth-to-mouth resuscitation.
 - Bitten by a human or animal.
 - Stuck by a contaminated needle or sharp.
 - Blood or body fluids splash into eyes, nose, mouth, or abrasions/open wounds.
 - b. In addition to the exposure protocols of the provider agency, prehospital providers should report known exposure at the Receiving Facility to assist the facility in proper follow-up activities.
 - c. Receiving Facilities shall report all reportable diseases to the Health Department. The Health Department will follow-up with prehospital providers who have been unknowingly exposed to a communicable disease.
 - d. Prehospital providers with evidence of blood borne infections need not be routinely restricted in their duties solely because of this evidence. However, counseling/instruction for personnel who have blood borne infections should be provided. This counseling shall include precautions to be used when performing universal procedures and when their skin is broken or non-intact.
11. Provider agencies shall develop protocols for screening and immunization of employees.
- a. Immunization is recommended for vaccine-preventable diseases.
 - b. Screening is recommended for presence of varicella zoster (chickenpox) antibody. If exposure is experienced by a prehospital provider whose status is unknown, screening shall be conducted on the employee. If the person is negative for antibody, he/she shall not be allowed to work from the 10th through the 21st day following exposure.
12. Receiving Facility/Provider Agency Responsibilities:
- a. Each RF/provider agency shall develop policies for the implementation and follow-up on communicable disease exposure for prehospital personnel which shall be at a minimum:
 - Provide for medical evaluation and treatment if necessary for exposed prehospital personnel.
 - Provide for appropriate retesting and follow-up on the source case.
 - Provide for monitoring and record keeping of communicable disease exposure follow-up.
 - b. Inservice training for implementation of this policy shall be given for all current employees involved in patient care. New employees shall receive training during orientation. Ongoing updates shall be provided as necessary.
 - c. Enforcement of this policy is the responsibility of the facility/provider agency. The provider agency is responsible for documentation of training. Documentation is to be made available upon the request of Nor-Cal EMS.
 - d. Each provider agency shall review and update Infection Control Procedures annually or when current technology dictates change.
 - e. CQI/Risk Management activities regarding this policy shall be made available to Nor-Cal EMS.

