

5.6 *Infectious Disease Policy*

Because of the nature of the health care profession, students participating in required clinical education experiences will find themselves at risk for exposure to infectious diseases. Even though the risk is extremely small, it cannot be completely eliminated. However, it can be minimized by careful and consistent aseptic techniques.

Because of illness and depressed immune systems, most of your patients are at a higher risk of infection from other patients. Because you interact with many patients, you could inadvertently transmit disease organisms from one patient to another. Therefore, you must consistently follow the Standard Precautions (transmission-based precautions) set in place to reduce the transmission of disease organisms. This may require the use of gloves, gowns, and/or masks depending upon the type of transmission.

5.61 *OSHA Training*

You must complete a training module about blood borne pathogens and the use of universal precautions. You are given an opportunity to ask questions. Because this training is mandatory, your completion is documented and kept on file by the clinical coordinator at Wheeling Jesuit University. You will not be able to attend clinical if you do not complete this training session.

5.62 *Universal Precautions*

Since medical history and examination cannot reliably identify all patients infected with HIV and other blood borne pathogens, blood and body, fluid precautions should be consistently used for all patients. This approach, previously recommended by CDC, and referred to as “universal blood and body fluid precautions” or “universal precautions,” should be used in the care of all patients, especially including those in emergency- care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown. **In any case, you are required to wear gloves, change them as necessary, and wash your hands after every patient to reduce the chances of transmitting an infectious organism. There are no exceptions to this requirement.**

1. All health-care workers 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. Masks and protective eyewear 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.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All health-care workers 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 processing area.
4. 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.
5. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
6. 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 health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
7. Implementation of universal blood and body-fluid precautions for ALL patients eliminates the need for use of the isolation category of “Blood and Body Fluid Precautions” previously recommended by the CDC for patients known or suspected to be infected with blood-borne pathogens.

Isolation, precautions (e. g. , enteric, “AFB”) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

Taken from: Recommendation for Prevention of HIV Transmission in Health Care Settings, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia 30333.