WORK PRACTICE CONTROLS

Cleaning – assume any bodily fluids are potentially infectious. Always use safety equipment.

1) Cleaning up blood spills/vomitus (always put on utility or disposable gloves prior to cleaning. Use your discretion in using gowns and safety goggles).

   Small spills
   - Pour 1:10 bleach/water solution on spill
   - Soak up spills with towels
   - Throw towels in hazardous waste bag
   - Apply 1:10 bleach/water solution again
   - If desired, clean with regular disinfectants or cleansers rather than bleach solution
   - Take off gloves correctly; throw in hazardous waste trash bag or bag with hazardous waste sticker on it
   - Wash hands immediately after removal of gloves or other protective equipment. If unable to wash hands immediately, a dry cleanser should be used

   Large spills
   - The main objective is to contain the spill
   - Follow the same procedure as above except omit the first step

2) Contaminated broken glass will be cleaned using a mechanical means (e.g. brush and pan, tongs, tweezers, or forceps) and discarded in a puncture-resistant container that can be closed.

3) To mix the disinfectant solution, wear safety goggles and gloves. Mix one-part bleach with 10 parts water (about 2 cups of bleach to one gallon water).

4) Always add the bleach to the water, not the other way around, to reduce the possibility of splash-back of bleach.

5) Do not pack trash with your hands. Visually inspect trash for sharp objects. Carry trash away from your body. Wear gloves, if necessary.

6) Sharp objects contaminated with blood should be placed in a puncture-proof container.

Laundry

1) Visibly inspect laundry prior to handling.

2) Use gloves when handling laundry, which may be soiled with blood or body fluids.

Basic Life Support/First Aid

1) Know where the first aid supplies are kept in your department.

2) Use a mouth barrier for toddlers/older children and adults.

3) Use a plastic face shield for infants.
4) For minor injuries, supply person with the first aid supplies and let him/her dress the wound. For major injuries, wear gloves. Dispose of gauze/gloves in hazardous waste bag or trash bag with hazardous waste sticker.

**Child Care**

1) Diapers: Use gloves. Change after each child. Good hand washing

2) Cuts/scrapes: Use gloves Dispose of gauze/gloves in trash

3) Use frequent handwashing to prevent infection.

**Laboratory Areas**

1) Contaminated needles and other contaminated sharps are bent, recapped, or removed unless:
   - It can be demonstrated that there is no feasible alternative.
   - The action is required by a specific medical procedure.
   - In the 2 situations above, the recapping or needle removal is accomplished through the use of a medical device (i.e. hemostat), or a one-handed technique.

2) Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.

3) Eating, drinking, smoking, applying cosmetics or lip balm, and the handling of contact lenses is prohibited in work areas where there is potential for exposure to infectious pathogens. Keep hands away from the mouth and eyes.

4) Food and drinks are not kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.

5) Mouth pipetting/suctioning of blood or other infectious materials is prohibited.

6) All procedures involving blood or other infectious materials minimize splashing, spraying, or actions generating droplets of these materials.

7) Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.

8) If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must also be puncture-resistant.)

9) Equipment, which becomes contaminated, is examined prior to servicing or shipping, and decontaminated as necessary, unless it is demonstrated that decontamination is not feasible.
Gloves are worn when doing procedures that involve exposure to blood or other bodily fluid such as venipunctures, finger sticks, handling blood specimens, or disposing of hazardous waste. Gloves are changed between clients.

**Hazardous Waste Disposal**

All gloves, tongue depressors, and gauze pads are to be thrown in regular waste containers located on each room. Do not touch the waste in these containers.

Designated bloodborne pathogen containers are located in the Audiology Suite and are labeled appropriately. They are to be used for heavily soiled items as instructed in the Infection Control Workshops. Do not touch the waste in these containers. The containers are disposed of through the Appalachian State University Safety Office.

**Immediate Action for an Exposure**

Any incident where a client or other individual receives an accidental needle stick, cut with a sharp object, or is splashed by blood or body fluids on an open or unprotected area of the skin or mucous membrane, shall be handled in the manner prescribed as follows:

1) Flush the unprotected area with cool water for 15 minutes.
2) If the eye is splashed by blood or body fluids, flush it from inside to out.
3) If possible, wash the area with soap and water.
4) Immediately notify your supervisor.

After all exposures, and after the above measures have been taken
- The object causing the incident shall be identified, if at all possible.
- Follow the protocol for work injuries (attached).
- If possible, the source person shall be identified and notified of the incident, and tested for HBV/HIV infections, after consent is obtained.
- If the source of the contamination cannot be identified, or if the consent for testing cannot be obtained, or if the source tests positive for HBV/HIV, the person receiving the injury shall be evaluated clinically and by HIV antibody testing as soon as possible, and advised to report and seek medical attention for any febrile episode that occurs anytime within twelve weeks after the exposure. HIV seronegative persons shall be retested six weeks post exposure and on a periodic basis thereafter. Three months and six months are currently recommended.
- Follow-up procedures shall be taken for workers exposed, or potentially exposed, to HBV. The types of procedures depend on the immunization status of the worker and the HBV status of the source.
- If the injured person refuses to submit to testing or follow-up procedures as per this policy, such refusal shall be made in writing after being informed of the possible consequences of exposure to HBV or HIV. Such written refusal shall be signed by the injured person and witnessed by one other individual who was present when the possible consequences of the exposure to HBV and/or HIV was explained to the person injured.