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Lesson: Infectious Diseases

Introduction

Lesson Objectives

You have the power to break the chain of infection.

After you complete this lesson, you should be able to:
• Define healthcare-associated infection
• Recognize the role of the Infection Prevention and Control Program

Healthcare-Associated Infection (HAI)

A Healthcare-Associated Infection (HAI) is any infection acquired while receiving care, treatment, and services. Examples include Clostridium difficile (C- diff) and Methicillin-resistant Staphylococcus aureus (MRSA).

The Centers for Disease Control and Prevention (CDC) estimate that each year 2 million patients experience an HAI, leading to over 90,000 deaths and $6.5 billion in extra costs.

How Infections Are Spread and Controlled

Role of Infection Prevention and Control Program

An organization-wide infection prevention and control program will minimize the risk of developing an HAI.

The purpose of BayCare’s Infection Prevention and Control Program is to:
• Provide a safe, clean environment for team members, patients, physicians and visitors
• Prevent development of HAI by limiting unprotected exposures to sources of infection
• Promote work place practices to minimize the spread of infection
• Educate and train on infection prevention and control practices

Strive to Meet the National Patient Safety Goals

One of the National Patient Safety Goals is to reduce the risk of healthcare-associated infections. The purpose of The Joint Commission’s National Patient Safety Goals (NPSG) is to promote specific improvements in patient safety.

The following are organization-wide strategies to meet this goal:
• Follow hand hygiene guidelines
• Prevent Multidrug-resistant Organisms (MDRO) infections
• Prevent central-line associated bloodstream infections
• Prevent catheter associated urinary tract infections
• Prevent surgical site infections
Lesson: Standard Precautions

Introduction

Lesson Objectives

Protect yourself and your patients. Use proper hand hygiene and wear the appropriate Personal Protective Equipment (PPE).

After you complete this lesson, you should be able to:
• Select the correct actions to meet hand hygiene guidelines
• Select the correct PPE to reduce transmission of infections and
• Recognize appropriate methods to apply, remove and dispose of PPE

Hand Hygiene

CDC Hand Hygiene Recommendations

Proper hand hygiene is the single most important method to prevent the spread of infection.

The Centers for Disease Control and Prevention (CDC) recommend the use of:
• Soap and water
• Alcohol-based hand rubs

When to Practice Hand Hygiene

Apply the following guidelines when using either soap and water or alcohol-based hand rubs.

Note: This is a limited list of examples of when to practice proper hygiene.

<table>
<thead>
<tr>
<th>Use proper hand hygiene before and after:</th>
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<tbody>
<tr>
<td>Coming in direct contact with patient and/or the patient environment</td>
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<td>Providing patient care</td>
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</tbody>
</table>
How to Wash Hands with Soap and Water

Use the following steps to wash hands with soap and water:
1. Wet your hands
2. Apply liquid soap
3. Work up a lather
4. Rub all surfaces, especially fingers, fingernails, and cuticles
5. Wash between fingers and over the wrists
6. Wash for at least 15 seconds
7. Rinse hands thoroughly with water running downward from the wrist to the fingertips
8. Dry hands with a paper towel
9. Use a paper towel to turn off faucet (if applicable)

How to Wash Hands with Alcohol-Based Hand Rub

Use only organizational approved alcohol-based hand rubs. Follow these steps to apply the hand rub:
• Apply the hand rub to the palm of one hand
• Rub both hands together covering all surfaces of hands and fingers. Be sure to apply the rub to fingernails, between fingers and to the wrist area
• Continue to rub until both hands are dry

Important note: Wash hands with soap and water first when caring for a patient with C difficile or if your hands are visibly soiled; may use alcohol-based hand rubs after use of soap and water.

Fingernails

Fingernails should be kept short, neatly trimmed and clean.

You are not allowed to wear artificial nails of any kind (including extenders, wraps, gels or acrylics) in areas where you provide direct patient care.

Personal Protective Equipment (PPE)

Purpose and Examples of PPE

PPE is any specialized clothing or equipment worn to protect against infection and decrease the risk of the spread of infection to patients and team members.

Examples of PPE include:
• Gloves
• Goggles/face shields
• Disposable masks
• Fluid resistant gowns
• Resuscitation devices/barriers
Gloves

Use gloves when hands are likely to contact blood or body fluids to reduce the spread of infection and contamination. Gloves should be used in addition to, not as a substitute for, proper hand hygiene.

Change gloves after:
- Contact with patient and/or medical equipment
- Contact with any soiled items
- Movement from a contaminated area to a clean area
- Each dressing change when multiple wounds are present

Always remove and discard gloves at the point of use, then after removing your gloves, always perform hand hygiene.

Other Types of PPE

Guidelines for other types of PPE:

Masks, Face Shields, and Disposable Masks
- Use goggles, face shields, and disposable masks when a splash or splatter of body substances can occur to the eyes, nose or mouth

Fluid-Resistant Gowns
- Use specialized, fluid-resistant gowns to protect against contamination of personal clothing

Resuscitation Devices
- Use resuscitation devices such as ambu bags and face shields when performing CPR

Removal and Correct Disposal of PPE

Remove PPE in the following order:
1. Gloves
2. Goggle/face shield
3. Gown then
4. Mask

Latex allergies

Exposure to latex gloves and other products containing natural rubber latex may cause allergic reactions such as skin rashes, hives; nasal, eye, or sinus symptoms; asthma and/or shock.

You can find types of latex used and latex allergy policies on the BayCare Intranet.
Lesson: Transmission-Based Precautions

Introduction

Lesson Objectives

Your actions can save lives by minimizing the risk of the spread of infectious diseases.

After you complete this lesson, you should be able to:
• Recognize how infectious diseases spread for each route of transmission
• Identify precautions specific for each route of transmission
• Recognize where to locate Transmission-Based Precautions information

Transmission-Based Precautions

Transmission-Based Precautions minimize exposure to highly transmissible organisms and bloodborne pathogens. Transmission-Based Precautions are to be used in combination with Standard Precautions.

Bloodborne Pathogens are disease producing microorganisms present in human blood and body fluids. These pathogens include, but are not limited to, hepatitis B, hepatitis C and Human Immunodeficiency Virus (HIV).

Transmission-Based Precautions include:
• Appropriate use of PPE
• Proper hand hygiene
• Patient placement
• Patient transport
• Environmental controls

The categories of Transmission-Based Precautions are:
• Contact
• Airborne
• Droplet

Route of Transmission: Contact

Use of Contact Precautions

Infectious organisms can be transmitted from contact with surfaces in, on and/or around a patient’s environment.

Examples of infectious organisms transmitted by contact include: Vancomycin-resistant Enterococcus (VRE), Multidrug-resistant Organisms (MDRO) including extended Spectrum Beta Lactamase (ESBL), suspected or confirmed Clostridium difficile, Norovirus and Methicillin-resistant Staphylococcus aureus (MRSA)

Use the following Contact Precautions: (Hospital Divisions, MPR, JKTB, BMG, BH only)
• Place patient in an isolation room designated for Contact Precautions
• Wear gowns and gloves before entering the room and during patient care
• Wear and apply appropriate PPE during patient transport
Use the following Contact Precautions: *(HC only)*

- Follow Contact Precautions
- Wear and apply appropriate PPE

**Contact Precautions: MDRO**

Multidrug-resistant Organisms (MDROs) are defined as microorganisms resistant to one or more classes of antimicrobial agents.

Use all of the following precautions to control MDROs:
- Proper hand hygiene
- Contact Precautions
- Improved patient and family education on MDROs
- Environmental cleaning
- Improved communication concerning MDRO’s with patients and team members

**Contact-Bleach Precautions: Clostridium difficile (Hospital Divisions, MPR, BH only)**

Contact Precautions are used for patients with suspected or confirmed Clostridium difficile (C.difficile) related diarrhea or antibiotic-associated diarrhea.

A physician’s order and consultation from the Infection Prevention and Control team is required to discontinue precautions.

**Contact-Bleach Precautions: Clostridium difficile (JKTB only)**

Contact Precautions are used for patients with suspected or confirmed Clostridium difficile (C.difficile) related diarrhea or antibiotic-associated diarrhea.

Consultation from the Infection Prevention and Control team is required to discontinue precautions.

**Contact-Bleach Precautions: Clostridium difficile (HC only)**

Contact Precautions are used for patients with suspected or confirmed Clostridium difficile (C.difficile) related diarrhea or antibiotic-associated diarrhea.

Use appropriate PPE and instruct patient/caregiver in cleaning patient area (bathroom) with 1:10 bleach solution.

**Contact Precautions: Clostridium difficile (BMG only)**

Contact Precautions are used for patients with suspected or confirmed Clostridium difficile (C.difficile) related diarrhea or antibiotic-associated diarrhea.

Use appropriate PPE and clean patient area (bathroom) with 1:10 bleach solution.
Route of Transmission: Airborne

Use of Airborne Precautions (Airborne Infection Isolation - A.I.I.) (Hospital Divisions only)

Infectious organisms can be transmitted in the air; therefore, Airborne Precautions are used for patients with infectious diseases of the lungs and larynx such as Tuberculosis or Measles.

Because these organisms are airborne, use the following precautions:
- Verify the negative pressure room prior to placement of the patient into the room and daily thereafter
- Place the patient in a negative-pressure isolation room
- Allow only those visitors and staff who have had measles to enter the room
- Wear an individually fitted authorized N95 Respirator or Powered Air Purifying Respirator (PAPR)

Note: At St. Joseph's Hospitals, South Florida Baptist Hospital and St. Anthony's Hospital, visitors are offered the N95 Mask (particulate respirator).

Note: Ambulatory outpatients are referred to the hospital if they have an active airborne disease.

Use of Airborne Precautions (Airborne Infection Isolation - A.I.I.) (BMG only)

Infectious organisms can be transmitted in the air; therefore, Airborne Precautions are used for patients with infectious diseases of the lungs and larynx such as Tuberculosis or Measles.

Because these organisms are airborne, use the following precautions:
- Prohibit visitors or pregnant team members from entering the patient's room
- Wear an individually fitted authorized N95 Respirator or Powered Air Purifying Respirator (PAPR)

Use of Airborne Precautions (Airborne Infection Isolation - A.I.I.) (HC only)

Infectious organisms can be transmitted in the air; therefore, Airborne Precautions are used for patients with infectious diseases of the lungs and larynx such as Tuberculosis or Measles.

Because these organisms are airborne, use the following precautions:
- Discourage visitors and prohibit pregnant team members from providing patient care
- Wear an individually fitted authorized N95 Respirator or Powered Air Purifying Respirator (PAPR)

Use of Airborne Precautions (JKTB, MPR only)

Infectious organisms can be transmitted in the air; therefore, Airborne Precautions are used for patients with infectious diseases of the lungs and larynx such as Tuberculosis or Measles.

If the patient has measles, only allow visitors and staff who have had measles to enter the room.
Use of Airborne Precautions: Respirators (Hospital Divisions, BMG, HC only)

All team members who are required to wear respirator will be trained annually with an approved respirator. Employee Health or a person trained in the fit testing procedure will perform this fitting. The team member will perform a self-face user seal each time a respirator is worn.

Maintenance and Disposal of Respirators: Respirators will be disposed in such a manner as to prevent contamination and spread of infectious materials.

Tuberculosis

Like other airborne infectious organisms, Tuberculosis (TB) is a microorganism that can be transmitted from person to person by airborne droplet nuclei that are expelled when an untreated person breathes, coughs, laughs or sneezes.

TB may reoccur at anytime during a person’s life if the immune system becomes weak.

Signs and symptoms of tuberculosis:
• Unexplained productive cough lasting more than 2 weeks
• Fever/night sweats/chills
• Loss of appetite/weight loss
• Bloody sputum
• Fatigue
• Chest pain

Early Detection of Tuberculosis

Once TB is confirmed, treatment is complicated due to the increase in multi-drug resistant tuberculosis (MDR TB) strains.

The most important aspect of the TB exposure plan is early detection through a patient screening process. The first department to come in contact with the patient with TB performs the patient screening process.

Populations at high risk for developing tuberculosis:
• Persons who are HIV positive
• Persons with a positive TB skin test
• Persons who abuse drugs and alcohol
• Persons who share a household with someone with active TB
• Persons with weakened immune systems

If Tuberculosis is Detected (Hospital Divisions only)

If TB is detected or suspected:
• Notify the Infection Prevention and Control Department
• Place patient on Airborne Precautions
• Place a green sign on the patient’s door and the front of the patient’s chart to protect team members, visitors and family from exposure to TB
If Tuberculosis is Detected (JKTB, MPR, BH only)

If TB is diagnosed or suspected:
• Notify the Infection Prevention and Control Department
• Transfer patient to an appropriate health care facility immediately
• Place surgical mask on patient prior to and during transfer

If Tuberculosis is Detected (HC, BMG only)

If a patient is at risk for developing active Tuberculosis (TB), remind the patient to evaluate pulmonary symptoms of the disease for early detection and treatment.

If the patient is suspected of or confirmed with infectious TB, follow these guidelines:
• Wear respiratory protection when entering the home
• Educate patients regarding the importance of taking medications as prescribed and
• Avoid cough-inducing procedures (AFB sputum collection) unless absolutely necessary

Routes of Transmission: Droplet

Use of Droplet Precautions

Infectious organisms can be transmitted in droplets expelled from the patient's respiratory tract. Increased exposure occurs within six feet of the patient.

Pertussis, Meningitis, Influenza, Diphtheria and Mumps are examples of infectious diseases transmitted in droplets.

Use the following Droplet Precautions:
• Place the patient in an isolation room designated for Droplet Precautions
• Wear mask and gloves before entering the room and when caring for the patient and
• Ensure patients on Droplet Precautions wear a surgical mask outside their room

Influenza

Influenza (Flu) is a contagious respiratory infection caused by influenza viruses and can worsen chronic medical conditions such as congestive heart failure, asthma, diabetes, bacterial pneumonia and dehydration.

Flu spreads in respiratory droplets from coughing and sneezing; therefore, use Droplet Precautions.

Anyone with Flu can infect others one day BEFORE, and up to 7 days AFTER showing symptoms.
Flu symptoms:
- Unusually high fever
- Headache
- Dry cough
- Runny or stuffy nose
- Muscle aches
- Extreme tiredness
- Sore throat
- Nausea
- Vomiting
- Diarrhea

Influenza Prevention

Beginning in 2013, the flu vaccine became mandatory for all BayCare physicians, team members and volunteers, with compliance rates reported to CMS. The flu season typically runs October through May. Please review TR Policy #418 to learn the specifics of this requirement. Policies are on the BayCare Intranet.

Take these respiratory etiquette steps to protect your health and prevent the spread of Flu:
- Get a Flu vaccination
  - The Flu shot is an inactivated or killed virus vaccine approved for anyone older than 6 months, including those with chronic conditions
  - The Flu vaccination takes two weeks for antibodies to start providing protection
- Cover your nose and mouth with a tissue when you cough or sneeze
  - If a tissue is not available, cough into your sleeve
- Properly dispose of the tissue
- Perform proper hand hygiene, especially after you cough or sneeze
- Avoid touching your eyes, nose or mouth
- Keep at least six feet away (social distancing) from anyone who is sick; this practice is referred to as social distancing
- Stay home from work or school and limit contact with others if you come down with Flu symptoms

Routes of Transmission: Combinations

Combination Airborne and Contact Precautions

Use both Airborne and Contact Precautions for patients with:
- Chickenpox*
- Smallpox
- Severe Acute Respiratory Syndrome (SARS)
- Disseminated Herpes Zoster (Shingles)

*Only visitors and team members who have had chicken pox should enter the patient's room on Airborne and Contact Precautions.

Combination Contact and Droplet Precautions

Use Contact and Droplet Precautions when a combination of contact and droplet infections exists.
## Additional Guidelines

### Additional Guidelines for Transmission-Based Precautions (Hospital Divisions, MPR, JKT B only)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Infections</td>
<td>Provide protection from sources of infections (people, plants, raw food)</td>
</tr>
<tr>
<td>Discontinue Precautions</td>
<td>Discontinue only with physician’s order and/or consultation from Infection Prevention and Control team</td>
</tr>
<tr>
<td>Multi-drug Resistant Organisms</td>
<td>Patients with multiple highly transmittable or potentially dangerous organisms, follow Infection Prevention and Control policy</td>
</tr>
<tr>
<td></td>
<td>Provide risk reduction strategies for patients with MDRO’s</td>
</tr>
<tr>
<td>Education</td>
<td>Use age and language appropriate education materials. Document education in patient medical record</td>
</tr>
</tbody>
</table>

### Additional Guidelines for Transmission-Based Precautions (HC, BMG, BH only)

<table>
<thead>
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<tr>
<td>Education</td>
<td>Use age and language appropriate education materials. Document education in patient medical record</td>
</tr>
</tbody>
</table>
Transmission-Based Precaution Signage

Transmission-Based Precaution signs are color-coded. Review these charts for details. Updated patient care guidelines are posted on the BayCare Intranet.

<table>
<thead>
<tr>
<th>Color Coded Precaution Sign</th>
<th>Transmission-Based Precautions</th>
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</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Droplet</td>
</tr>
<tr>
<td>Green</td>
<td>Airborne</td>
</tr>
<tr>
<td>Tan</td>
<td>Airborne &amp; Contact</td>
</tr>
<tr>
<td>Pink</td>
<td>Contact</td>
</tr>
<tr>
<td>Brown</td>
<td>Contact with Clostridium difficile</td>
</tr>
<tr>
<td>Purple</td>
<td>Contact &amp; Droplet</td>
</tr>
<tr>
<td>Blue</td>
<td>High Risk Precautions</td>
</tr>
</tbody>
</table>

A blue sign is used for patients with low immune systems.

Placement and Removal of Precaution Signs (Hospital Divisions, MPR only)

Color-coded signs are posted at the entry to the patient’s room to identify which Transmission-Based Precautions should be used. Transport vehicles (beds, wheelchairs, and stretchers) will display the appropriate color-coded sign when transporting patients. Follow the instructions on the color-coded Transmission-based Precaution signs.

A physician's order and/or consultation from the Infection Prevention and Control team is required to discontinue Transmission-Based Precautions.

The Environmental Services team will remove the color-coded precaution sign at the entry to the patient's room after appropriate cleaning procedure is completed or the suspected infectious disease is ruled out.

Placement and Removal of Precaution Signs (JKTB only)

Color-coded signs are posted on the front of the patient's chart to identify which Transmission-Based Precautions to use. A stop sign is posted on the patient’s door to alert visitors to stop and check at nursing desk.

The Environmental Services team will remove the stop sign from the patient’s door after appropriate cleaning procedure is completed or the suspected infectious disease is ruled out.
Lesson: Bloodborne Pathogens (Diseases)

Introduction

Lesson Objectives

Bloodborne Pathogens are disease producing microorganisms present in human blood, and body fluids. These pathogens include, but are not limited to, hepatitis B, hepatitis C, and Human Immunodeficiency Virus (HIV).

Protect yourself against exposure to Bloodborne Pathogens.

After you complete this lesson, you should be able to:

• Recognize fluids which may be contaminated with Bloodborne Pathogens
• Recognize symptoms of hepatitis B, C and HIV/AIDS
• Recognize precautions to prevent transmission of Bloodborne Pathogens
• Identify the steps to take if bloodborne exposure occurs
• Recognize how to handle contaminated medical and patient equipment

Transmission of Bloodborne Pathogens

Body Fluids

Bloodborne Pathogens can be transmitted through contact with infected human blood and other potentially infectious body fluids.

Potentially infectious body fluids:

• Amniotic fluid
• Cerebrospinal fluid
• Peritoneal fluid
• Pleural fluid
• Saliva (dental procedures)
• Semen
• Synovial fluid
• Vaginal secretions

Potentially infectious body fluids if visibly contaminated with blood:

• Feces
• Nasal secretions
• Sputum
• Sweat
• Tears
• Urine
• Vomit
Exposure to Bloodborne Pathogens

Anytime there is blood-to-blood contact with infected blood or body fluids, there is a risk for exposure to infection and disease.

Methods of exposure to Bloodborne Pathogens include:
• Needle-sticks or sharps exposures
• Unprotected sex with an infected person
• Needle sharing
• Contaminated blood transfusion
• Infected mother to baby during delivery

Entry into the Body

Infected blood and body fluids can enter the body through:
• Open sores
• Cuts
• Abrasions
• Acne
• Damaged or broken skin (for example, sunburn or blisters)
• Mucous membranes of eyes, nose and mouth

Types of Bloodborne Pathogens

Hepatitis B

Hepatitis B is a disease caused by a virus that attacks the liver.

Signs and symptoms may include:
• Abdominal pain
• Dark urine
• Fatigue
• Jaundice (yellow skin)
• Loss of appetite
• Nausea

Complications may include:
• Cirrhosis (scarring) of the liver
• Lifelong infection
• Liver cancer
• Liver failure
• Death
Hepatitis C

Hepatitis C is a serious disease of the liver caused by the hepatitis C virus.

Signs and symptoms may include:
- Aching (mild “flu”)
- Cirrhosis (scarring) of the liver
- Fatigue
- Loss of appetite
- Nausea
- Stomach pain

Complications may include:
- Chronic infection
- Chronic liver disease
- Leading indication for liver transplant
- Liver cancer
- Liver failure
- Death

HIV and AIDS

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). The virus passes from person to person by blood-to-blood exposure and sexual contact. The term AIDS is used to mean the later stages of an HIV infection. It usually takes 5 to 10 years for people infected with the HIV virus to develop AIDS.

HIV and AIDS Symptoms and Complications

The greatest risk for team member exposure to HIV virus is from accidental exposure to needles and other sharp equipment contaminated with HIV. For more information, see the Bloodborne Pathogen Exposure Control Plan. Anonymous testing is available through the Department of Health.

Signs and symptoms may include:
- Blurred and distorted vision
- Chronic diarrhea
- Dry cough and shortness of breath
- Fever/ headache/sore throat
- Persistent white spots or unusual lesions on tongue or in mouth
- Shaking chills or fever higher than 100°F for several weeks
- Soaking night sweats
- Swollen lymph glands
- Weakness
- Weight loss
Complications include:

- Weakening of the immune system
- Susceptibility to bacterial, viral, fungal and parasitic infections
- Vulnerability to certain cancers

HIV and AIDS Testing and Consent

Patients must be provided with notice of intent to test their blood and/or specimens for HIV and the opportunity to opt out of such testing. Each patient shall be presented with a notification and given the opportunity to sign so as to evidence that he or she has been notified that his or her blood and/or specimens will be tested for HIV.

Should the patient refuse to sign the form, notation of the notification shall be made in his or her medical record. Patients are no longer required to sign an informed consent. Informed consent forms must still be used for minors and those who are deemed incapacitated.

Bloodborne Pathogen Exposure Control Plan

Elements of Bloodborne Pathogen Exposure Control Plan

To meet OSHA standards, BayCare’s Bloodborne Pathogen Exposure Control Plan outlines safe work practices to reduce the risk of exposure to Bloodborne Pathogens and provides evaluation, treatment and follow-up if a team member is exposed.

Elements of the plan:

- Access to PPE
- Engineering controls such as sharps containers and/or safety syringes
- Work practice controls for proper hand hygiene such as sinks, alcohol-based hand rubs
- Signage to communicate hazards
- Information and training for team members
- Post-exposure follow-up by Employee Health, if team member is exposed to Bloodborne Pathogen

OSHA requires BayCare to develop a written plan to explain how to implement, train and protect the health and safety of team members.

Engineering Controls: Controls (for example sharps disposal containers, self-sheathing needles, safer medical devices, and needleless systems) that isolate or remove the Bloodborne Pathogens hazard from the workplace.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (For example, prohibiting recapping of needles by a two-handed technique.)
Safe Work Practices

Protect Yourself Against Exposure (Hospital Divisions, MPR, JKV, BMG, BH only)

Team members can reduce exposure to blood and other body fluids by using safe work practices.

Use the following safe work practices:
• Wear the appropriate PPE
• Do NOT eat, drink, smoke, handle contact lenses or apply cosmetics in an area with potential for exposure to Bloodborne Pathogens
• Use mechanical means such as forceps or tongs to pick up broken glassware. If pipetting, use mechanical devices.
• Cleanse or decontaminate equipment and surfaces after contact with blood or body fluids
• Decontaminate reusable equipment prior to removal from the patient care area, or place the equipment in a clear plastic bag for transport to the soiled utility room
• Place a tag on contaminated equipment in need of repair indicating contamination before sending the equipment out for repair

Protect Yourself Against Exposure (HC only)

Use the following safe work practices:
• Wear the appropriate PPE
• Do NOT eat, drink, smoke, handle contact lenses or apply cosmetics in an area with potential for exposure to Bloodborne Pathogens
• Use mechanical means such as dust pan and brush, forceps or tongs to pick up broken glassware
• Cleanse or decontaminate equipment and surfaces after contact with blood or body fluids
• Decontaminate reusable equipment prior to removal from the patient home using low level disinfectant
• Notify DME or Pharmacy if equipment needs repair
• DME will pick up equipment and decontaminate per policy

Clean and disinfect Patient Care and Electronic Equipment (Hospital Divisions, MPR, JKV, BMG, BH only)

To prevent patient-to-patient cross contamination from equipment and reduce infection risks associated with medical equipment, devices and supplies:
• Perform hand hygiene
• Wear appropriate PPE (for example gloves, gown)
• Cleanse equipment with the facility-approved low level disinfectant, appropriate to the task, after every patient use and before removing equipment from the patient room
• Use approved pre-moistened disinfectant cloth or disinfectant applied to cloth for cleaning
• Avoid chemicals dripping into electronic equipment
• Review appropriate dwell and dry times for disinfectants
Clean Patient Care and Electronic Equipment (HC only)

To prevent patient-to-patient cross contamination from equipment and reduce infection risks associated with medical equipment, devices and supplies:
• Perform hand hygiene
• Wear appropriate PPE (for example gloves, gown)
• Cleanse equipment with the facility-approved low level disinfectant, appropriate to the task, after every patient use and before removing equipment from the patient home
• Use approved pre-moistened disinfectant cloth or disinfectant applied to cloth for cleaning
• Avoid chemicals dripping into electronic equipment

Obtain Preventative Vaccinations

Protect our customers by being vaccinated for hepatitis B. Currently; no vaccine is available to prevent hepatitis C or HIV/AIDS.

The hepatitis B vaccine is available for all team members who have the potential for occupational exposure to blood or other infectious body fluids.

Team members can obtain the hepatitis B vaccine at no cost. Team members who do not want the vaccine must sign a form to decline, but may request the vaccine at any time from Employee Health.

Response to Accidental Exposure

Accidental Blood Exposure Actions

In case of an accidental blood exposure, use the following guidelines:
• Wash body areas contaminated with blood or body fluids IMMEDIATELY; rinse eyes and mouth with water
• Report the exposure to your facility’s contact (refer to chart on this page)
• Complete a team member work-related injury report
• Follow-up with your facility’s contact IMMEDIATELY (refer to chart on this page)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Report Exposure to:</th>
<th>Follow up with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Divisions</td>
<td>Manager/Supervisor</td>
<td>• During business hours: Employee Health nurse - IMMEDIATELY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• During non-business hours: supervisor/manager or the administrator on duty (AOD) then contact Employee Health next day</td>
</tr>
<tr>
<td>HomeCare BH - Community Based Health Care</td>
<td>Manager/Supervisor</td>
<td>• During business hours: Employee Health nurse - IMMEDIATELY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• During non-business hours: manager/supervisor</td>
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<td>• If you are more than 60 miles from your home office, proceed to the nearest authorized treating provider</td>
</tr>
<tr>
<td>John Knox Tampa Bay/ Morton Plant Rehabilitation</td>
<td>Infection Control Coordinator</td>
<td>• During business hours: Employee Health nurse - IMMEDIATELY</td>
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<td></td>
<td></td>
<td>• During non-business hours: manager/supervisor/director or the administrator on duty (AOD)</td>
</tr>
</tbody>
</table>
Location of Plans (Hospital Divisions, BMG, BH only)

The Bloodborne Pathogen Exposure Control Plan is located on the BayCare Intranet. In the event the intranet cannot be accessed, contact the manager/supervisor or the administrator on duty.

Location of Plans (MPR, JKV only)

The Bloodborne Pathogen Exposure Control Plan is located on the BayCare Intranet and in the Unit Manuals. In the event the intranet cannot be accessed, contact the manager/supervisor/director or the administrator on duty/facility director.

Location of Plans (HC only)

The Bloodborne Pathogen Exposure Control Plan is located on the BayCare Intranet and on the HomeCare Intranet. In the event the intranet cannot be accessed, contact the manager/supervisor or the administrator on duty.
Lesson: Biomedical Waste Plan

Introduction

Lesson Objectives

Handle biomedical waste with care.

After you complete this lesson, you should be able to:

• Recognize sources of biomedical waste
• Identify the procedures to segregate, handle, label, store, transport and treat biomedical waste

What is Biomedical Waste?

Biomedical waste is any solid or liquid waste that may present a threat of infection to humans.

Examples of biomedical waste include:

• Blood
• Blood products
• Body fluids visibly contaminated with blood, cerebral spinal fluid, peritoneal fluid
• Excretions or secretions visibly contaminated with blood – urine, stool, saliva, sputum
• Human tissues and body parts with blood
• Used disposable devices or absorbent materials saturated with blood, body fluids, excretions/secretions

BayCare Biomedical Waste Plan (Hospital Divisions, MPR, JKTB, BMG, BH only)

All Baycare facilities have a Biomedical Waste Plan that contains information on the segregation, handling, labeling, storage, transport and treatment of biomedical waste.

BayCare Biomedical Waste Plan (HC only)

All Baycare facilities have a Biomedical Waste Plan that contains information on the segregation, handling, labeling, storage, transport and treatment of biomedical waste.

The Pharmacy Infusion Department has a more detailed biomedical waste program, and each team member of the Infusion Team is responsible to follow that program.
Segregate Biomedical Waste

Red Bags (Hospital Divisions, MPR, JKTB, BMG, BH only)

Dispose of biomedical waste (except sharps) in biohazard-labeled red bag or use a plain red bag with the appropriate biohazard label attached.

Use the following guidelines when segregating biomedical waste:

- Seal the bag at the point of origin
- Always tie the bag with a single overhand knot so that no liquid can leak out, even if the bag is held upside down
- Label the outermost red bag with the facility name and address
- Never throw a red bag down the trash chute (if applicable)

**Note:** At Winter Haven Hospital, these red bags are taped after being tied

Red Bags (HC only)

Dispose of biomedical waste (except sharps) in biohazard-labeled red bag or use a plain red bag with the appropriate biohazard label attached.

In addition, dispose of other contaminated items which represent a significant risk (for example, a disposable stethoscope or disposable blood pressure cuff) in a red bag.

Use the following guidelines when segregating biomedical waste:

- Seal the bag at the point of origin
- Always tie the bag with a single overhand knot
- Label the outermost red bag with the facility name and address
- Use bags which meet HomeCare regulations
- Write the date and time on the red bag when placing the first piece of biomedical waste into the bag
- Transport to office in rigid container, log in and place in a restricted area

Red Bags: Items Visibly Contaminated with Blood

The following items are NOT considered biomedical waste UNLESS visibly contaminated with blood. Therefore, if visibly contaminated with blood, use a red bag for disposal of:

- Foley and Ostomy supplies
- Needleless IV medication administration devices
- Bed pans, urinals, emesis basins
- Enema supplies

**What Should NOT Go in a RED Bag?**

The following items are NOT considered biomedical waste, and do NOT require disposal in a red bag:

- Linens
- Patient belongings
- Equipment – (oxygen cylinders)
- Batteries
- Thermometers
- Sharps or glass
• Trash that the facility has defined as recyclable or non-biomedical

**Segregation of Different Types of Hazards**

Biomedical waste must be identified and segregated at the point of origin.

If two types of hazards are mixed in the same bag, label the red bag as follows:

<table>
<thead>
<tr>
<th>Label as:</th>
<th>Types of Hazards:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous</td>
<td>Biomedical Waste and Hazardous</td>
</tr>
<tr>
<td>Radioactive</td>
<td>Biomedical Waste and Radioactive</td>
</tr>
<tr>
<td>Biomedical Waste</td>
<td>Biomedical Waste and Solid Waste</td>
</tr>
</tbody>
</table>

**Sharps Containers (Hospital Divisions, MPR, JKTB, BMG, BH only)**

Discard all disposable sharp objects such as syringes with needles, razors, scalpels and broken glass in the sharps container at point of use. For example, if you use a syringe in a patient’s room, dispose the syringe in the sharps container in the patient’s room. Sharps containers are located in every patient room and/or clinical area, except in Behavioral Health where the containers are kept in the medicine room.

Do NOT recap, bend or break needles after use.

Do NOT discard any of the following items in a sharps container:
- Gauze
- Band-Aids and adhesive strips
- Alcohol swabs or
- Glucose strips

**Note:** If any one of these items is accidentally placed into a sharps container, date and discard the container within 30 days.

**Sharps Containers (HC only)**

Discard all disposable sharp objects such as syringes with needles, razors, scalpels and glass vials in the sharps container at point of use. For example, if you use a syringe in a patient’s home, dispose of the syringe in the sharps container in the patient’s home. Sharps containers are transported by clinicians to the patient’s home or delivered by Pharmacy with IV supplies.

Do NOT recap, bend or break needles after use.
Do NOT discard any of the following items in a sharps container:

- Gauze
- Band-Aids and adhesive strips
- Alcohol swabs or
- Glucose strips

If any one of these items is accidentally placed into a sharps container, date and discard the container within 30 days.

**Sharps Containers: Replacing (Hospital Divisions, MPR, JKTB, BMG, BH only)**

Replace sharps container when the container is at the fill line.

The team member who closes the container must seal the container prior to transport and label the container with an International Biohazard Symbol, the date and address of facility.

**Note:** Environmental Services is primarily responsible to replace sharps containers at the Hospital Divisions.

**Note:** Winter Haven Hospital uses an outside company to check and replace sharps containers.

**Sharps Containers: Replacing (HC only)**

Replace sharps container when the container is at the fill line.

The team member who closes the container must seal the container prior to transport and label the container with an International Biohazard Symbol, the date and address of facility.

**Note:** The clinician is responsible to replace the sharps container when it is full.

**Prevent Injuries from Sharps**

Most injuries occur after the needle is used and during disposal. Guidelines to avoid injuries:

- Replace containers when at the fill line (Do NOT overfill the sharps container)
- Safely handle and dispose of sharps during patient care
- Use the safety devices properly
- Do NOT recap needles
Handle Biomedical Waste

Safe Work Practices with Biomedical Waste

Guidelines when handling biomedical waste:
• Use proper hand hygiene before and after use of gloves
• Wear gloves when carrying red bags
• Use protective eyewear when washing soiled containers
• Carry red bags by the top and hold the bag away from your body
• Do NOT manually compress red bags
• Place biomedical waste in a secure area
• Biohazard leak-proof plastic bags must be disposed of in a red bag

Note: Anything labeled with a biohazard symbol must be placed in a red bag or container with a biohazard symbol.

WHH Note: Before transport at Winter Haven Hospital red bags are taped after being tied securely.

Biomedical Waste Spills (Hospital Divisions, MPR, JKTB, BMG, BH only)

Use the following procedures to handle biomedical waste spills:
• Immediately clean up spills of blood and/or body fluids using appropriate PPE
• Place a warning sign to identify spills to prevent contamination
• Dispose of all biomedical waste in the labeled biohazard waste container
• Remove and place broken glass into a sharps container carefully
• Clean contaminated surfaces with an organizational approved disinfectant thoroughly

Biomedical Waste Spills (HC only)

Procedures to handle biomedical waste spills:
• Isolate the patient and caregiver from the spill area
• Use appropriate PPE when cleaning up the spill
• Sweep up glass/sharp using whiskbroom and dustpan or with scoop and scraper (Do NOT pick up broken glass with your hands. The glass/sharp clean up kit (spill kit) is available at each office.)
• Place contaminated glass/sharp into sharps container
• Pour bleach over blood spill area and allow the bleach to sit for several minutes
• Put paper towels over the spill and wait until the fluid is absorbed
• Put on new gloves and wash the contaminated area thoroughly with soap and water
• Disinfect the contaminated area with 1:10 bleach solution (per OSHA)
• Discard used gloves and paper towels into a biohazardous red bag
• Wash hands thoroughly with alcohol based hand gel
• Report the event to your supervisor /manager

Note: If your uniform should become contaminated, you must change your clothing before making your next visit.
Label Biomedical Waste

How to Label Biomedical Waste

Biomedical waste labels display the biohazard symbol, which is usually black, on an orange or orange/red background.

The biomedical waste label must be attached and visible on all biomedical or biohazardous waste containers prior to leaving the facility.

Affix biomedical waste labels to the front of regulated waste containers, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious materials.
Store Biomedical Waste (HC only)

Offsite Storage of Red Bags

The team member is responsible to immediately report any of the following to the manager:

• Storage area has signs of rodents, vermin or insects
• Indoor storage area has leaking liquids
• Outdoor storage area is not marked with biohazard symbol
• Outdoor storage has not been secured
• Biomedical waste containers are not labeled with the biomedical waste symbol including name and address of the facility

RODENT: any relatively small gnawing mammals (mouse, squirrel or beaver) or a small mammal (rabbit or a shrew)

VERMIN: small common harmful or objectionable animals (lice, fleas) that are difficult to control, birds and mammals that prey on game or animals that at a particular time and place compete for food (pigeons, foxes, weasels, coyotes or rabbits)

INSECTS: small invertebrate animals (as spiders or centipedes) or arthropods (as bugs or bees)

Transport Biomedical Waste

How to Transport

Laboratory Specimens: Place all laboratory specimens in a biohazard-labeled leak-proof plastic bag.

If you transport the specimen outside the building, place the specimen in an insulated container.

Red Bag: Transfer the biohazard labeled red bag into a rigid container for transport.

Treatment Biomedical Waste

Linens (Hospital Divisions, MPR only)

Used linens are considered contaminated.

While wearing the appropriate PPE, place the contaminated linen in a fluid-resistant yellow bag at point of use. The contaminated linen is sent to the laundry.

Do NOT place the contaminated linen in a red bag or on a chair, table or floor. Do NOT sort contaminated linen on the unit.

If you have any questions, refer to your linen service policy.

Note: At Winter Haven Hospital, contaminated linen is placed in blue laundry bags.
Linens (JKTB only)

All linen with blood or body fluid is considered contaminated.

While wearing the appropriate PPE, place the contaminated linen in a fluid-resistant bag at point of use. The contaminated linen is sent to the laundry.

Do NOT place the contaminated linen in a red bag or on a chair, table or floor. Do NOT sort contaminated linen on the unit.

If you have any questions, refer to your linen service policy.

Linens (HC only)

All linen with blood or body fluid is considered contaminated. Always wear appropriate PPE when handling contaminated linen.

Blood on Uniform (Hospital Divisions, JKTB, MPR only)

If your uniform has blood on it, do NOT take the bloody uniform home to launder.

Follow these steps to handle a bloody uniform:
• Obtain a scrub uniform from Environmental Services
  – At St. Anthony’s Hospital and Outpatient Centers contact the administrator on duty (AOD)
• Place the contaminated uniform in the approved facility bag
• Notify your supervisor
• Complete appropriate paper work
• Return the borrowed scrub uniform when your original uniform has been cleaned

Blood on Uniform (HC only)

If your uniform has blood on it, the uniform is considered contaminated.

Do NOT take the bloody uniform home to launder. Instead, follow these guideline:

During business hours:
• Change your uniform before making the next patient visit
• While wearing gloves, place contaminated uniform in a biohazard-labeled red bag
• Transport contaminated uniform to the office by the end of your shift
• Report to your supervisor/manager for further instructions

During non-business hours:
• Change your uniform before making the next patient visit
• While wearing gloves, place contaminated uniform in a biohazard-labeled red bag
• Transport the contaminated uniform to your office* at the beginning of the next day

*If you are more than 60 miles from your home office, proceed to the nearest authorized treating provider.