

## Safe Practices and Needle Safety

### **How do I protect myself from bloodborne infections?**

It is impossible to identify all patients infected with HIV, Hepatitis B or C. Therefore, we treat the blood and certain other body fluids of ALL patients as though they are infectious.

### **What fluids are potentially infectious for HIV and Hepatitis B and Hepatitis C viruses?**

Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, are potentially infectious.

### **How are HIV and Hepatitis B and Hepatitis C viruses transmitted?**

These viruses must enter the bloodstream to infect a person. They can be spread through unprotected sex, through needle sharing during IV drug use, and from mother to child during pregnancy and delivery. Health care workers are at very low risk of getting HIV infection while on the job. However, some health care workers have been infected, mostly by accidentally sticking themselves with needles used on patients with HIV infection. The risk of getting Hepatitis B virus from a work-related exposure is much higher than for HIV; however, there is a vaccine that can prevent Hepatitis B infection.

### **Should I get the Hepatitis B Vaccine?**

ALL employees who have any contact with blood or other potentially infectious body fluids should receive Hepatitis B vaccine, unless already immune. It is safe and effective, and is free through Occupational Health Services, Neville building (open 7-4:30 am, x 2-6034). No appointment is necessary.

### **How do I protect myself from Hepatitis C infection?**

There is no Hepatitis C vaccine. Risk of infection following a needle stick with Hepatitis C infected blood is approximately 3%. An employee who develops Hepatitis C infection is referred to a specialist for management.

### **How do I protect myself from HIV infection?**

It is important to report an exposure immediately to OHS or the Emergency Department since antiviral therapy may be indicated. This should be started as soon as possible.

### **What about other infections?**

STANDARD PRECAUTIONS protect healthcare workers and patients by requiring the use of Personal Protective Equipment for contact with all body fluids, secretions and excretions (except sweat), non-intact skin, and mucous membranes of all patients. See the "Infection Control" section for details.

### **What is the hospital's Exposure Control Plan?**

The Exposure Control Plan describes BWH's policies and procedures to prevent occupational exposures and to treat exposures to blood/body fluids that occur. It is available to you on-line: [www.bwhpikenotes.org](http://www.bwhpikenotes.org) -Staff Resources / General Clinical Resources/ Infection Control.

### **Tips for Handling Sharps Safely**

- Avoid recapping needles. If recapping is necessary, such as when obtaining blood gases or giving incremental doses of medication, when no safety device is available, use a one-handed recapping technique, forceps, or a needle-cap holder.
- Use safety devices to prevent needlesticks, such as *protected needles* for blood drawing and performing intramuscular and subcutaneous injections, *vacutainer transfer sets* for transferring blood to tubes and blood culture bottles, and the *Clave Adaptor* for accessing IV tubing.
- Dispose of used needles and sharps IMMEDIATELY after engaging the safety device into special puncture-resistant sharps containers available in all patient care areas. Do not bend, break, or recap needles before discarding.
- Never remove a used needle from a syringe by hand; use forceps or the *Point Lock* safety device.
- Place reusable sharps into puncture-resistant, leak proof containers for reprocessing.
- Use a brush and dustpan or tongs to clean up broken glassware, NOT your hands.

See "Safe Work Practices" & "Needle Safety" in [www.BWHpikenotes.org](http://www.BWHpikenotes.org) under Staff resources – General Clinical Resources/Infection Control for more safety tips.

### **Biohazard Labels**

An orange label with this symbol:  
or a red bag/container means  
BIOHAZARD. This is an alert that the



bag or container contains blood or other infectious material.

### **What if I'm exposed?**

If you are exposed to blood or other potentially infectious material by a needlestick, injury with a sharp instrument, or splash to the face or broken skin, take the following steps  
**IMMEDIATELY:**

1. Wash the affected area.
2. Page STIK Beeper # 3-STIK (37845)
3. Notify your supervisor.
4. Complete an incident report.
5. Go to Occupational Health Services, located on the first floor, PBB-mid campus (x28501)  
Mon. - Fri., 7:00 a.m. - 4:30 p.m.  
Go to Emergency Services when OHS is closed.
6. It is important to report an exposure **immediately** (within 1 - 2 hours), since you may be eligible for antiviral therapy. This should be started as soon as possible.
7. Employees seen in the Emergency Department **must** report to OHS on next working day for follow-up management.

### **Occupational Health Services (OHS)**

When you begin to work at BWH, you must be:

- a) immune to Rubella (German measles) and Measles,
- b) screened for tuberculosis (annually thereafter),
- c) offered Hepatitis B vaccine if your job involves contact with blood/body fluids, unless you are already immune,
- d) tested for immunity to chickenpox if you have not had the disease.

You will be offered appropriate vaccines at no charge. OHS also determines whether employees with contagious diseases may work, and follows up exposures to certain diseases. An OHS practitioner is always available by beeper, including nights and weekends.

Contact OHS (2-6034) in the following instances:

a) if you have any of the following:

- \* a draining skin lesion
- \* diarrhea lasting >3 days
- \* any unexplained rash
- \* unexplained cough  $\geq$  2 weeks
- \* influenza
- \* meningitis
- \* tuberculosis
- \* jaundice

b) if you have been in CONTACT with someone who has one of the following illnesses:

- \* chickenpox
- \* influenza
- \* measles
- \* meningitis
- \* tuberculosis
- \* whooping cough (pertussis)

c) if you are exposed to blood or other potentially infectious material via a needlestick, cut, or splash to the eyes, mouth or non-intact skin, immediately page 3-STIK.

### **Infection Control**

The Infection Control Department determines isolation precautions for individual patients, advises on ways to prevent infections, and evaluates infections that occur in the hospital. An Infection Control Practitioner is always available by beeper, 24 hours/day, 7 days/week (BB 11482).

To find detailed Infection Control Information go to [www.bwhpikenotes.org](http://www.bwhpikenotes.org). Look under Staff Resources/General Clinical Resources/Infection Control.

### **STANDARD PRECAUTIONS include:**

**1) Hand Hygiene: Use an alcohol-based waterless hand gel for routine hand disinfection.**

#### **CLEAN HANDS = PATIENT SAFETY**

Hand hygiene is the best way to protect yourself and your patients. Disinfect your hands:

- before & after ANY contact with patients
- before putting on gloves
- after removing gloves, gowns, or face protection
- before eating
- before leaving a laboratory area.

Soap and water should be used if hands are visibly soiled.

### **2) Personal Protective Equipment**

- Wear GLOVES when exposure to blood or other potentially infectious materials might occur. Double gloves should be used when performing procedures that pose extraordinary risks for sharps injury (i.e. surgical procedures, trauma cases). Do not use the same gloves for more than one patient. Discard visibly contaminated gloves in the biohazardous waste container.
- Wear a MASK and GOGGLES or GLASSES with SOLID SIDE SHIELDS, or a chin length FACE SHIELD when blood or other potentially infectious materials might splash

into your face. Clean protective eyewear with soap and water when contaminated.

- Wear a disposable IMPERVIOUS GOWN (fluid-resistant) when blood or other potentially infectious fluids might soak through a cloth gown. Examples are caring for a bleeding patient or handling blood soaked linen. Discard visibly contaminated gowns in the biohazardous waste container.
- Use the MASK-VALVE DEVICE located in each patient room and patient care area, or AMBU bag, for emergency CPR.
- DISINFECT HANDS with an alcohol-based waterless hand gel before donning and after removing any personal protective equipment (PPE).

Review the TASK SHEETS for your department with your supervisor. The task sheets list the personal protective equipment required for performing specific tasks. Each department has a designated area for task sheets. Know where yours are.

### **Infection Control Isolation Precautions**

Certain diseases require additional expanded precautions. Some examples are noted below.

- Chickenpox, disseminated herpes zoster, measles, and tuberculosis, which can be inhaled as small airborne particles, require **Airborne Precautions**. The patient must be in a **negative air pressure isolation room**.
- Antibiotic-resistant organisms such as Methicillin-Resistant Staphylococcus aureus (MRSA) and Vancomycin-Resistant Enterococci (VRE) require **Contact Precautions**.
- Influenza, meningitis, mumps, and whooping cough are spread by large respiratory droplets and require **Droplet Precautions**.
- SARS, Avian influenza, and Smallpox require **Strict Isolation with a negative air pressure room**.
- Contact Infection Control and consult the online Infection Control information at [www.bwhpikenotes.org](http://www.bwhpikenotes.org) - Staff Resources /General Clinical Resources/Infection Control for additional information.

All departments have specialized **Infection Control Guidelines**. Read yours and know where to find them.

# *Protection for Patients and Health Care Workers*

## Information for Brigham and Women's Hospital Employees



For Additional Information or Questions Call Infection Control X 2-6785 or 617-525-2013 Or Page Your Infection Control Practitioner Revised 10/04