

Required reading to keep you and your clients safe
For licensed BAYADA Caregivers

Staying HEALTHY

A Guide to Infection Prevention
July 1, **2018** – June 30, **2019**

Our goal at BAYADA Home Health Care is to continuously improve our work through evaluation, education, and training, so that we can provide the very best services to our clients. Educating employees is an important part of our mission and vision for the future—to help millions of people have a safe home life with comfort, independence, and dignity.

“Hand hygiene is the first step in everything we do, and there’s no question, it does save lives.”

Mathew Gunkel, RN
2018 RN Hero of the Year



WE LOVE WHAT WE DO

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A breach in infection prevention practice by an employee is a safety issue for both the client and employee and can lead to transmission of infection and poor outcomes for our clients. Please read and consistently follow the evidence-based practices described in these educational materials when providing client care.



HAND HYGIENE

Health care workers' hands are the number one source for the spread of germs to clients.

Key hand hygiene practices for health care workers include:

- Decontaminating hands with an antiseptic agent
- Preventing nails from transmitting germs
- Keeping skin on hands intact and not irritated
- Appropriately using gloves

Hand decontamination

Hand decontamination occurs when an **antiseptic agent** is used to clean hands. Antiseptic agents kill (deactivate) germs on the hands. Antiseptic agents for performing hand hygiene include:

- Alcohol-based waterless hand gel or foam
- Antimicrobial soap

Hands must be decontaminated at the following times:

- Before having any direct contact with clients
- Before applying and after removing gloves or other personal protective equipment
- Between contact with the environment and a client
- After unplanned, unprotected contact with blood, body fluids, excretions, mucous membranes, and non-intact skin

The use of alcohol-based waterless hand gel or foam to decontaminate hands is the most effective and preferred way for health care workers to reduce client infections and infection-related deaths.

Alcohol-based waterless hand gel or foam is the preferred and most commonly used antiseptic agent for decontaminating hands when hands are not visibly dirty or contaminated because it:

- Does not require leaving the client to perform
- Does not need water for use
- Does not require paper towels to dry hands
- Does not require contact with a sink or faucet, eliminating the risk of re-contaminating hands
- Does not dry hands like soap and water use does, so there is less skin irritation

Procedure for alcohol-based waterless hand gel or foam use:

- Make sure your hands are **dry** and free of visible dirt or contaminants.
- Apply a dime-sized amount of **BAYADA-approved** gel or more, per manufacturer's instructions, to the palm of your hand.
- Rub your hands together, making sure all surfaces are covered **until your hands are dry**; an adequate amount will usually take 15 to 25 seconds to dry on your hands.

Make sure to rub gel on **thumbs, fingertips, and between fingers** in addition to palm and back of hand surfaces.

Important facts about alcohol-based waterless hand gel or foam:

Alcohol-based waterless hand gel or foam cannot effectively kill germs when there is visible dirt or contaminants on the hands.

Dirt, spores, and other contaminants, such as blood and body fluids, can only be removed from hands by using soap and water to create friction (rubbing hands together really hard) followed by rinsing contaminants from the hands with water.

Wash hands with antimicrobial or plain soap and water:

- When hands are visibly dirty or contaminated
- When providing care to a client with *Clostridium difficile* diarrhea or norovirus
- After using the restroom
- Before preparing or eating food
- Before cooking on an open flame such as a gas stove or grill. Alcohol content in the gel or foam is flammable when hands are not fully allowed to dry and can cause burns.

Plain soap does not decontaminate hands (kill germs on the hands). If hands are washed with plain soap and water to remove dirt and contaminants, hands should be dried and then decontaminated with alcohol-based waterless gel or foam.

Antibacterial soap is not the same as antimicrobial soap. Antibacterial soap does not effectively kill all bacteria and is not effective against fungi and viruses.

Clostridium difficile

Hand hygiene and proper glove use is especially important when caring for a client with ***Clostridium difficile* diarrhea**.

- *Clostridium difficile* spores on health care workers' hands cannot be killed by using an antiseptic agent. Hands must be washed with soap and water using friction, followed by rinsing contaminants from the hands with water.
- *Clostridium difficile* is a spore-forming bacteria that causes diarrhea.
- *Clostridium difficile* infection can be serious and lead to sepsis and death.
- *Clostridium difficile* spores can be easily transmitted to a client via the hands of health care workers after touching the stool of a client with *Clostridium difficile* infection or any surface or device contaminated with these spores.

Procedure for washing hands with a BAYADA approved antimicrobial soap or plain soap and water

- Turn on running water to warm temperature; avoid hot water, which can damage skin
- Wet hands and wrists thoroughly
- Apply soap to wet skin
- Rub hands together in a circular motion to create friction for a minimum of **15 seconds**; be sure to clean between fingers and around and under fingernails
- Rinse hands and wrists under running water so soap flows downward toward fingertips until all soap is removed
- Dry wrists and hands thoroughly with a paper towel
- Turn off water using a paper towel to cover faucet handle
- If using plain soap and water, decontaminate hands with alcohol-based waterless hand gel prior to client contact

Reminder: When wearing rings, **do not remove them** to wash hands. Gently move the rings up and down and wash underneath.

Glove use

- Hands must be decontaminated **before** applying and **after** removing gloves.
- Gloves are **never a substitute for hand decontamination**; they need to be changed every time you must decontaminate your hands.
- Gloves should only be used **once**.
- Gloves should be removed and hands decontaminated:
 - Promptly after use
 - Before touching clean items
 - When moving from one procedure to another where cross contamination can occur (suctioning, g-tube feeds, and catheter care)
 - When moving from client contact to the environment or the environment to client contact (gathering supplies and increasing light in the room)
 - During a single procedure when moving from dirty to clean, such as during wound care and bathing

Putting on multiple layers of gloves and peeling them off during a procedure is **not acceptable glove use**. If double gloving is needed to protect hands, both pairs of gloves should be removed, hands decontaminated, and new gloves applied.

Nail care

Artificial nails and extenders store more bacteria than natural nails, and are **not permitted for staff who provide direct client care** due to the increased risk of transmitting germs to clients.

Nails must be 1/4 inch or less in length to allow for thorough cleaning underneath the nail and to prevent scratching the client or tearing gloves.



Hand care

Your hands should not be dry or cracked. Dry, cracked hands can become infected and prevent the proper use of antiseptic agents to decontaminate hands.



Lotion, provided by your office upon your request, should be used for hands that are dry or to prevent hands from becoming dry.

Notify your manager immediately if you have an injury to your hands that prevents you from decontaminating them (such as cuts, sutures, burns).

Hand hygiene supplies

You should only use **BAYADA-approved** products that are supplied to you by your office to decontaminate and moisturize your hands because these products are manufactured specifically for health care worker use. There are added ingredients to protect your skin and that are compatible with gloves. Some unapproved products can cause holes or tears in gloves, skin rashes, or an allergic reaction in the client.



"Studies show that some health care providers practice hand hygiene less than half of the times they should. Health care providers might need to clean their hands as many as 100 times per 12-hour shift." (cdc.gov)

Standard precautions

Use standard precautions for the care of **all clients**. Standard precautions are designed to reduce the risk of transmission of both **recognized** and **unrecognized** sources of infection. Blood and body fluids (except sweat) from all clients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and all other infectious diseases.

Key practices related to standard precautions:

- Strictly adhering to **hand hygiene** practices, including proper hand decontamination technique
- **Wearing gloves** when performing procedures that may require contact with blood, body fluids, secretions (except sweat), excretions, non-intact skin (including dermatitis, cuts, abrasions, chafing, and acne), and mucous membranes, or any item that is soiled or contaminated with these substances
- **Wearing other personal protective equipment** (such as gowns, aprons, masks, and goggles) to protect skin, eyes, and clothing during procedures that generate splashes or sprays of blood or body fluids
- **Handling soiled dressings, equipment, and linen** in a manner to prevent exposure or transfer of organisms
- **Safe handling of sharp instruments** as outlined on pages 14 and 15 of this guide
- **Following respiratory hygiene and cough etiquette:** cover your cough or sneeze with a tissue, or cough and sneeze into your sleeve; dispose used tissues immediately in waste basket; perform hand hygiene after each sneeze or cough

Transmission-based precautions

When a client has an identified infection that spreads to people in a specific way, employees will be required to use additional precautions. These are **airborne**, **droplet**, and **contact precautions**. The type of precautions used may vary depending on the route by which the germ spreads.

Airborne precautions require the use of an N95 respirator mask and **droplet precautions** require a surgical mask. Masks are worn during the entire period of contagion. In some cases, the client may be isolated from other household members; instructed to cover their nose and mouth when sneezing or coughing; or asked to refrain from sharing personal items. Several infectious organisms requiring the use of droplet precautions also require the use of contact precautions (adenovirus, RSV, and influenza in infants and young children).

Contact precautions require the use of gowns and gloves whenever you have direct contact with the client, personal items, or environmental surfaces that may be contaminated with a germ. Client care supplies (such as blood pressure cuff, stethoscope, etc) are left in the home for a client on contact precautions until precautions or services are discontinued. Some common times when you will be asked to use these precautions include caring for a client with bacteria-causing diarrhea, methicillin-resistant staphylococcus aureus (MRSA), draining infected wounds, and specific respiratory infections in infants and young children as noted above.

Personal protective equipment (PPE)

Wear PPE when in contact, or you anticipate contact, with:

- Blood
- Body fluids (except sweat)
- Non-intact skin
- Anything soiled or contaminated with these substances
- Secretions
- Excretions





Gloves: protect hands

Gowns and aprons: protect skin or clothing

Masks and respirators: protect mouth and nose

Goggles: protect eyes

Face shields: protect face, mouth, nose, and eyes

How do you obtain PPE?

- PPE is provided to you by your office at no cost to you.
- Your office has a process to ensure that you have a continued supply of PPE; PPE can be delivered to a client's home or you can stop in to the office to pick up items yourself.
- You should never run out of PPE; if you notice your supply is getting low, call your office or stop in to pick up what you need.

Examples of when to wear PPE

Wear gloves to protect hands:

- When performing procedures that may require contact with blood, body fluids, non-intact skin, mucous membranes, or any item that is soiled or contaminated with these substances

Wear impermeable gowns or aprons when your uniform or skin can become soiled, such as:

- Giving a bed bath or assisting with a shower
- Changing or handling soiled linens
- Caring for a client who is incontinent
- Caring for a client with a draining wound, ostomy, or urinary catheter
- Cleaning blood and body fluid spills or contaminations (includes emptying stool or urine from a bedside commode)

Wear goggles, face shields, and masks when a splash to the eyes, face, mouth, or nose can occur while performing or observing procedures, such as:

- Tracheostomy care where secretions are not controlled
- Draining vent circuits
- Wound irrigation where splashing is likely
- Unclogging blocked gastrostomy tube
- Urinary catheter irrigation (if physician ordered; irrigation itself is not a best practice)

Wear specific PPE when a client is placed on any of the transmission-based precautions, such as:

- **Surgical mask** when providing direct care for a client with influenza, RSV, group A streptococcus, pertussis, mumps, rubella, meningococcal disease, parvovirus, or adenovirus
- **Gown and gloves** at all times when in contact with a client, equipment, environmental surfaces of a client with vancomycin-resistant enterococcus (VRE); clostridium difficile; MRSA (in wounds and other body fluids that can contaminate the environment); scabies; impetigo; head lice; chickenpox; or shingles
- **OSHA N95 respirator** when caring for a client with tuberculosis (TB), chickenpox, or measles

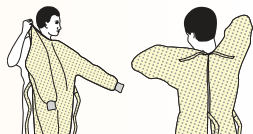
Following the correct sequence for putting on and removing PPE is as important as knowing which type of protective equipment to wear.

Steps for putting on PPE

The type of PPE used will vary based on the level of precautions required: standard, contact, droplet, or airborne.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



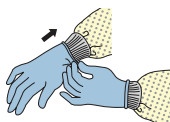
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



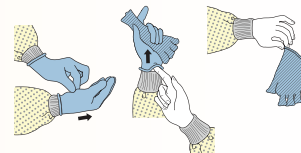
Steps for taking off PPE

Perform hand hygiene between steps if hands become contaminated.

1. GLOVES

Outside of gloves are contaminated:

- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

Outside of goggles or face shield are contaminated:

- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

Gown front and sleeves are contaminated:

- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



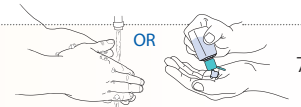
4. MASK OR RESPIRATOR

Front of mask/respirator is contaminated—DO NOT TOUCH:

- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE.



LATEX ALLERGY

Latex gloves

Latex gloves provide a high level of protection to health care workers who care for clients with infectious diseases. However, according to the American Latex Allergy Association, 8 to 17 percent of health care workers are allergic to latex.

What is a latex allergy?

Natural rubber latex is a product that is manufactured from a milky fluid found in a rubber tree. A latex allergy is a reaction to certain proteins that are found in this natural rubber latex. Symptoms can occur after direct contact with latex, such as contact with gloves or other products made with latex, or when latex particles are inhaled, which can be released when latex gloves are removed.

Symptoms: an allergic reaction to latex can range from mild symptoms to a life-threatening reaction called anaphylaxis. Mild symptoms include itching, skin redness, rash, or hives. More severe symptoms include sneezing, runny nose, itching, watery eyes, scratchy throat, difficulty breathing, wheezing, or coughing. The most severe reaction—anaphylaxis—includes symptoms such as extreme difficulty breathing, drop in blood pressure, dizziness, confusion, slurred speech, rapid or weak pulse, blueness of skin, nausea, vomiting, diarrhea, and loss of consciousness.

Irritant contact dermatitis, which typically presents as dry, itchy, irritated areas of the skin, typically on the hands, can occur from wearing gloves, especially gloves that contain powder. This reaction is not typically a latex allergy. Using powder-free gloves will help reduce this problem.

Treatment and prevention

- There is no cure for a latex allergy; treatment is based on prevention.
- Immediately report to your manager any symptoms of a latex allergy that occur; if you already know that you are allergic to latex, please tell your manager and **you will be provided with gloves and other products that do not contain latex.**
- Clients can also have a latex allergy; make sure you know if your client has this allergy prior to using latex gloves or other products that contain latex when providing care.

WHICH PRODUCTS CONTAIN NATURAL RUBBER LATEX?

Common latex products found in health care settings include:

- Latex gloves
- Blood pressure cuffs
- Stethoscopes
- Urinary catheters
- Adhesive bandages
- Surgical masks and N95 respirators
- Pads on crutches
- Adhesive tape
- Elastic bandages
- Wheelchair cushions
- Disposable diapers and sanitary pads
- Rubber mattress pads
- Baby bottle nipples
- Intravenous tubing and tourniquets
- Syringes and medication vials
- Ambu bags, ventilator bellows, and airways
- Therabands
- Balloons
- Waistbands on clothing
- Dishwashing gloves
- Rubber toys
- Rubber bands
- Carpet backing
- Pacifiers
- Erasers
- Shower curtains
- Bath mats
- Hand grips on bikes
- Swim goggles



BAG TECHNIQUE

Supply bag

A supply bag is **required** for all field staff who carry client care supplies from one client's home to another.

Supply bags should be leak-proof, washable, and have an outside pocket to carry hand hygiene supplies.

Rolling bags are not recommended. Talk with your manager if you have a lifting restriction.

Bag technique procedure

- Carry the bag into the home and place it on a clean, dry, hard surface; **never place the bag on the floor.**
- A **disposable** barrier (paper towels, clean newspapers, plastic, or disposable barrier supplied by your office) is placed between the bag and a **dry, hard surface** when there is not a clean, hard surface available, or alternatively, the bag can be hung on a doorknob or the back of a hard chair.
- Keep the bag closed when not in use.
- **Decontaminate hands prior to entering the bag.**
- Open the bag, remove all needed items from the bag, and place them on a clean disposable barrier.
- Close the bag (this protects the clean items in the bag from contamination).
- **Decontaminate hands prior to re-entering the bag for any reason.**
- When care is complete, disinfect items with 70 percent isopropyl alcohol or EPA-registered germicidal wipes, place items on a clean barrier until dry, decontaminate hands, and return clean items to the supply bag; items visibly soiled with blood or body fluids must be washed with soap and water followed by disinfection with an EPA-registered germicidal wipe prior to returning the items to the bag.

Who must follow bag technique?

All field employees (nurses, therapists, home health aides, hab techs, homemakers, companions, etc) who carry client care supplies (such as gloves and other PPE, point of care devices, BP cuffs, stethoscope, wound care supplies, exercise equipment, therapeutic toys, gait belts, and other mobility aids) from client home to client home must follow bag technique procedure to prevent the spread of germs.

Are there other options for carrying client care supplies into the home?

Yes.

- PPE and hand hygiene supplies can be delivered to the client's home and kept in a designated safe and clean area for employee use.
- Employees can carry supplies into the client's home using a sealable plastic bag that can be left in a safe, clean place in the home.

Once supplies are left in a client's home for employee or client use, these supplies (such as gloves, gowns, masks, wound care dressings, and tracheostomy supplies) cannot be used for the care of another client.

Additional reminders

- Client care items should never be carried in an employee's purse, personal bag, or backpack.
- Avoid bringing personal items into a client's home.
- If you need to carry personal items into a client's home in a purse or backpack, place them on a clean, hard surface (table, seat of hard chair) or hang on a doorknob, arm of a hard chair, or in any safe place away from the client care area where contamination can occur.

Never carry sharps containers or lab specimens in a supply bag. Procedure for how to transport these items is located on page 13.



SAFELY TRANSPORT AND STORE SUPPLY BAG AND OTHER SUPPLIES

Storing supplies and equipment in vehicles

The trunk or inside cargo area of your vehicle should clearly separate “clean” and “dirty” supplies.

The clean and dirty supplies can be separated by using two well-labeled boxes with lids, preferably plastic containers that can be cleaned. If a strong cardboard box is used, it must be lined with a plastic bag that can be discarded.

The clean box will contain items such as your supply bag and disposable client care supplies (such as boxes of gloves, other PPE, catheter kits, and irrigation fluids).

The dirty box will contain items such as your sharps container, lab transport bag, and items that need to be transported back to the office for cleaning (such as telemonitor equipment and scales).

Supplies stored in the car need to be checked on a regular basis (monthly, at a minimum, and more often when possible) to make sure they are safe for use (such as expiration dates and integrity of packaging). **Always check supply dates and integrity before using supplies with a client.**

The supply bag should be cleaned on a regular basis

- Clean the outside of the bag with hot soapy water, thoroughly rinse, and dry it.
- Empty, clean, and restock the bag; clean the inside of the bag with hot soapy water, rinse, dry, and disinfect with an EPA-registered germicidal wipe monthly, at a minimum.

Storing supplies in client homes

- Disposable client care supplies that are left in the client's home should be placed in a zippered or resealable bag or another type of closed plastic container.
- Store the containers on a shelf or in a drawer.
- Do not store supplies on the floor.
- Do not store supplies under sinks or other areas with moisture that can contaminate the supplies.
- Do not store supplies within the reach of children.



KEEPING SUPPLIES SAFE, CLEAN, AND DISINFECTED

Infestation precautions

Use the following precautions when a home is suspected of having a problem with bed bugs, roaches, fleas, or has had a problem in the past:

- Do not take a supply bag into the home.
- Limit supplies and personal items taken into the home.
- Place all items taken into the home in a large “zipper” or sealable plastic bag provided by your office so items are always protected and visible.
- Do not sit on any fabric furniture.
- Check for presence of bed bugs prior to sitting on a wooden chair in homes where bed bugs may be present. Bed bugs like to hide in connecting sections of wooden items.
- Wear a plastic apron or gown and gloves when providing care where bugs are present or when handling items that are potentially infested with bugs or their eggs.
- Inspect uniform and supplies before leaving the client home.
- Take off uniform and launder it in hot water and place in a dryer for 20-30 minutes upon arrival to own home as a final safeguard.

Equipment cleaning and disinfectant reminders

- Any shared client care equipment that cannot be cleaned or disinfected in the home should be placed in a sealable plastic bag, placed in the dirty storage section of the car, and transported back to the office for proper cleaning and disinfection.
- All shared client care supplies and equipment must be made of material that can be cleaned and disinfected.

Your office will provide you with EPA-registered germicidal wipes.

Cleaning and disinfection important facts

Cleaning physically removes visible material or soiling from objects or surfaces. It removes but does not kill germs. The cleaning process includes washing an item with soap and water followed by rinsing and then thoroughly drying the item.

Disinfection is a process that eliminates many, if not all microorganisms (excluding spores) from inanimate objects. A chemical (germicide) is used to do this.

Important fact!

- When an object or surface has contaminants on it, that object or surface must be cleaned prior to disinfection.
- Germicides used to clean objects (disinfectants) are not the same as the germicides used to clean hands (antiseptics).

Important fact!

- Alcohol-based waterless hand gel/foam and antimicrobial soap and water should never be used to disinfect equipment. The percentage of alcohol in hand gel does not have a high enough concentration to safely disinfect equipment.
- A disinfectant should never be used to decontaminate hands. Ingredients in disinfectants can injure skin and other tissues. That is why it is important to wear gloves when using disinfectants.

There are two types of disinfectants: over-the-counter disinfectants and EPA (Environmental Protection Agency)-registered disinfectants.

Equipment that is **shared** with other clients must be disinfected with an EPA-registered disinfectant for health care use. These disinfectants meet the standards to prevent the transmission of bloodborne pathogens and other infectious organisms.

Equipment that is **not shared** with other clients should be cleaned and disinfected according to manufacturer's recommendations and written clinical procedures.

The label on a disinfectant will list the microorganisms that it is effective against, directions for use, and contact time.

Important fact!

- **Contact time is very important!** Contact time is the length of time that the disinfectant must remain wet on the object or surface to effectively disinfect it. Contact time is supported by clinical research for each product; contact times will vary from product to product.

HAZARDOUS WASTE MANAGEMENT

Hazardous waste is any solid, liquid, or gaseous material that can cause substantial harm to our health and the environment if it is improperly stored, treated, transported, or disposed of. It is the responsibility of every health care worker to know how to safely identify, handle, and properly dispose of hazardous waste.

Identification of hazardous waste

Proper identification of waste will lead to proper disposal of waste. Waste generated in the home can be identified as **general**, **medical**, or **chemotherapy waste**.

General waste includes items that are not contaminated with blood or other potentially infectious materials and is **not considered a hazardous waste**. General waste items include:

- Wrappers from dressings
- Paper towels used to dry hands
- PPE that is not soiled
- Removed dressings that do not have blood or other infectious materials on them
- Incontinence briefs or pads without solid material
- IV tubing not used to administer blood or blood products

Medical waste is identified as contaminated items that can potentially transmit disease. Medical waste is a hazardous waste and includes:

- **Blood and blood products** (such as whole blood, serum, plasma, blood components, and products made from human blood)
- **Body fluids**, except sweat (such as secretions and excretions; saliva; semen; vaginal secretions; urine and feces; lymph, cerebrospinal, synovial, and pleural fluids; and peritoneal, pericardial, and amniotic fluids)

- **Used sharps** (such as any contaminated object that can penetrate, puncture, or lacerate the skin, like hard plastic and glass, either broken or whole; lancets, needles, and pipettes)
- **Other biohazardous waste** (such as non-liquid human tissue and body parts; used, supersaturated, absorbent materials that have the potential to drip or splash blood or body fluids; disposable medical devices that retain visible blood adhering to inner surfaces after use and rinsing; and microbiological agents and germicidal solutions that were used to clean contaminated areas)

Chemotherapy waste is all material used in chemotherapy, including the chemotherapy medications and the equipment and materials used to administer them.

Handling and disposing of hazardous waste

Each state has specific regulations regarding disposal of hazardous waste, along with what defines such waste.

Each BAYADA office has copies of all relevant state laws and regulations. Make sure you have reviewed these with your manager.



- Recognize and use the universally recognized hazardous waste symbol.
- When you see this symbol, with or without the words biohazard, you know there is hazardous waste.
- The labels should be in orange-red or a fluorescent orange color.

SAFE WORK PRACTICES

Practice safe disposal of soiled dressings, supplies, and body fluids

- Items heavily soiled with blood or body fluids should be placed into a plastic bag and then into another plastic bag or trash can lined with a plastic bag (double-bagged). Local or state regulations may require additional procedures that will be communicated to you by your office.
- Carefully pour all liquid waste (urine, suctioned fluids, feces, and irrigation solutions) into the client's toilet.

Practice safe procedures when handling soiled linens

- Always wear gloves when handling soiled linens and hold them away from your clothing.
- Contaminated bed linens should be placed in a plastic bag, transported to the washing machine, and washed as soon as possible with hot water, one cup of bleach (if fabric can tolerate contact with chlorine bleach), and laundry detergent.
- **Keep your client's soiled linens separate from other household members' laundry.**

Practice safe procedures for clean-up of blood spills

- When available, use a commercially prepared spill kit per manufacturer instructions.
- When there is not a commercial spill kit available:
 - Double-glove and use other PPE, as needed
 - Remove all visible bulk material, such as glass, with a dustpan; **never use hands**
 - Clean the contaminated area with soap and water or other detergent and then decontaminate with 1:10 bleach solution (1 part bleach to 9 parts water)

- For spills on rugs, wipe the blood spill with a disposable towel and clean carpet with a non-bleach, germicidal product
- Double-bag all contaminated materials and then place in your client's trash, or as per local and state regulations



Practice safe transport of lab specimens and sharps containers

- Place labeled specimens in a biohazard-labeled, closable plastic bag, then place plastic bag into a biohazard-labeled hard plastic storage container with a lid.
- Transport sharps container and hard plastic storage container with specimen in an impervious, leak-proof, thermally insulated specimen transport container that is red in color or labeled with an approved biohazard label.
- **Never place sharps container or lab specimens in your regular client supply bag.**



SAFE SHARPS USE AND DISPOSAL

BAYADA Home Health Care complies with OSHA's Needle Safety and Prevention Act and uses engineering and work practice controls to eliminate or minimize exposure to bloodborne pathogens. Engineering controls include sharps disposal containers, self-sheathing needles, sharps with retractable needles, and needleless systems. Work practice controls include prohibiting practices such as recapping needles using a two-handed technique.

Safe practices for health care professionals who provide injections and other sharps-related client care (RNs, LPNs, and physical therapists approved to provide PT/INR testing)

- Health care workers are required to use needles with engineered safety devices; this includes all needles for injection, blood-drawing devices, lancets, IV connectors, and IV delivery systems.
- Shearing or breaking used sharps is prohibited.
- Bending, recapping, manipulating, or removing blood draw needles from blood tube holders should not be performed unless required by a specific procedure with no feasible alternative (when there is no feasible alternative, bending, recapping, or needle removal must only be accomplished through the use of a mechanical device or a one-handed technique).
- Engineered safety devices are an added precaution and not a substitute for proper disposal; all used sharps must be disposed of immediately into a sharps container, located as close to the work area as possible.
- All health care workers who use needles and other sharp instruments to provide client care are provided with a closable, leak-proof, puncture-resistant, labeled sharps container (see picture on page 12).
- Never force a sharp into a sharps container and replace when 3/4 full.
- Never place hands into any container that contains contaminated sharps.
- Always keep sharps container in an upright position.
- Needles purchased and used by the client are not required to have safety devices.
- Instruct the client to dispose of used needles in an impervious hard plastic or metal container with a tightly secured lid and follow state regulations for final disposal of client-generated medical waste.
- Lancet pens are for **single client use only**.

Safe practices for health care professionals who do not use sharps when providing client care (therapists, home health aides, homemakers, companions, and hab techs)

- Never assist a client with performing care that uses needles for injection or blood glucose testing, such as a lancet or lancet pen.
- Never touch or dispose of used needles in a sharps container for a client; safely bring the sharps container to the client for the client to properly dispose of their needles.
- Never put your hand in the client's trash to search for something or to push down contents to make more room.
- Never put your hand on the bottom of a trash bag to support it for transport.
- Call your office if a client requests assistance with needle use or disposal.
- Call your office to report any unsafe needle disposal by the client or family caregivers.
- Be on alert for possible needle hazards especially when a client is known to use needles for care; look before providing care and touching and cleaning items such as linens, towels, client clothing, and counter surfaces.



Your safety is important. BAYADA is continually evaluating and modifying recommended work practices and engineering controls to keep employees safe from bloodborne pathogen exposures.

Engineering controls

Isolate or remove risk (eg, sharps containers and sharps with safety devices)

Work practice controls

Change the way a task is performed to eliminate or minimize risk (eg, one-handed scoop technique)

Your input to help identify, evaluate, and select these engineering and work practice controls is important.

Report to your office any safety concerns with sharps that occur:

- Before, during, or after sharps use
- During or after safety feature activation

Report any issues with the safety of sharps disposal containers including:

- Type of container (such as proper size, stability, closure, puncture resistance, and labeling)
- How to use and safety of use
- Safe transport and final disposal

Report any concerns on how to obtain sharps with safety features (such as retractable, sheathed, blunting needles, and blood transfer adapters), non-breakable plastic vacuum and capillary tubes, or how to obtain a sharps disposal container.

Safe sharps use includes using sharps with safety devices that:

- Come attached with safety features that cannot be removed
- Are easy to use with clear instructions
- Do not interfere with client care
- Can be engaged with one hand
- Enable hands to remain behind the exposed sharp
- Are visibly different when activated

Types of safety devices

- **Active** safety device is a safety feature that is activated after injection by the clinician
- **Passive** safety device is when the needle is automatically covered or protected after the injection

A **needleless system** is the most effective way of removing the hazard of a contaminated needle because it eliminates the needle completely by converting to a needleless system.

Sharps container reminders

- Sharps disposal containers are provided to all employees who use needles and other sharp instruments when caring for clients. Containers are returned to the office when they are 3/4 full.
- Hard plastic containers, like a laundry detergent bottle, can be used in some states by the client and client family/caregiver for sharps disposal. This is referred to as **client-generated medical waste**. Each state has laws that determine if these containers are permitted and the final disposal method of these containers.
- BAYADA supports the EPA coalition for safe community needle disposal and will educate clients and caregivers where applicable about these available options (this link is on the back page with resources).

One-handed scoop technique

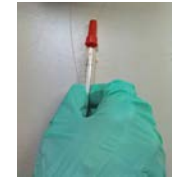
When an individual client's prescribed medication is only available in a prefilled multi-dose pen that requires removing the needle, use the following one-handed scoop technique.



Step 1

Place the sharps container as close to the procedure as possible. Place the needle cap

on a flat surface then remove your hand from the cap.



Step 2 With one hand, hold the syringe and use the needle to scoop up the needle cap onto the needle.



Step 3 When the cap covers the needle completely, use the other hand to secure the cap by grasping it **near**

the hub with your non-dominant hand. **Never** place your hand near the tip of the needle cap. Remove the cap and discard into a sharps container.

BLOODBORNE PATHOGEN EXPOSURE MANAGEMENT

BAYADA has a procedure for exposure control and management of bloodborne pathogens, such as hepatitis B, hepatitis C, and HIV. This plan includes precautions to prevent exposure, as well as prompt evaluation, treatment, counseling, and follow up after an exposure occurs, and complies with OSHA, state, and accrediting body standards. You can request a copy of this plan and its related policies at any time from your manager.

Occupational exposure prevention and follow up

What is an occupational exposure?

Occupational exposure is an individual's direct exposure to a client's blood or other potentially infected fluids, body tissues, or personal belongings while working.

How can an occupational exposure occur?

You can be exposed following a blood or urine spill, a client's coughing of sputum, the removal of dirty wound dressings, a prick from a used needle, or a bite from a client or animal.

How can I prevent work-related exposures?

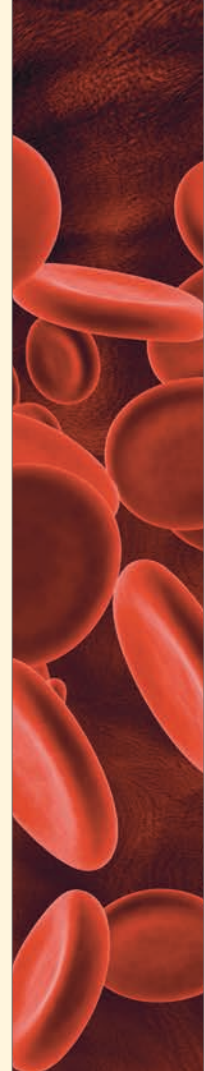
- Follow hand hygiene procedures.
- Use standard precautions (appropriately select, apply, and remove PPE).
- Use transmission-based precautions.
- Use engineered needle safety devices (such as needleless devices and needle safety devices).
- Identify and safely handle hazardous materials (be prepared and have the necessary PPE and supplies, such as a sharps container or lab transport bag readily available).
- Identify and report any unsafe situation (client who is aggressive; needles that are not disposed of properly).

What should I do if an occupational exposure occurs?

- Immediately wash the exposed area with soap and water, or flush affected mucous membranes (eyes or mouth) with water or normal saline.
- After washing the exposed area, contact your office and report the incident.
- Promptly go to an occupational health physician for a medical evaluation or the emergency room if after hours or on the weekend.
- BAYADA will pay for the medical evaluation and all subsequent medical care.
- BAYADA will also cooperate to the full extent of the law in obtaining the client's medical records related to bloodborne pathogen infection to ensure comprehensive care and a full recovery.

How can I obtain more information about occupational exposures and BAYADA response and responsibility?

- Contact your office for a copy of our exposure control plans.
- Ask to see individual policies and procedures that deal with occupational exposures and follow-up steps.
- Request a copy of OSHA's *Bloodborne Pathogen Regulatory Text*, which is available through your BAYADA office or via the internet at http://www.osha.gov/FedReg_oshapdf/FED20010118A.pdf.
- Request a CDC pamphlet entitled, *Exposure to Blood: What Health Care Personnel Need to Know*. This pamphlet can also be obtained from the CDC website: http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf.
- More information can be obtained from [Policy #0-128](#).



BLOODBORNE PATHOGENS

Health care workers are at risk for exposure to bloodborne pathogens such as hepatitis B, hepatitis C, and HIV. These pathogens can be transmitted when there is a needlestick, human bite, or when infectious blood and body fluids come in contact with mucous membranes and non-intact skin.

Hepatitis B virus (HBV)

Hepatitis B virus can cause acute and chronic liver disease that leads to liver failure and death.

Transmission

- HBV is transmitted through exposure to an infected person's blood and other body fluids or tissues. It is **not transmitted** through water, sharing eating utensils, hugging, kissing, hand holding, coughing, or sneezing.
- HBV can survive for **seven days** on environmental surfaces and can cause infection; all blood spills, including dried blood, should be cleaned with 1:10 bleach solution.

Symptoms

- Presence of signs and symptoms with an acute infection occur 90 days after exposure and vary by age; 30 to 50 percent of people age 5 or older have initial signs and symptoms, whereas most children under 5 years old and newly infected immunocompromised adults are asymptomatic.
- When symptoms do appear, they include fever, jaundice, fatigue, abdominal pain, nausea, vomiting, loss of appetite, joint pain, dark urine, and clay-colored bowel movements (these symptoms last for several weeks and can continue for up to six months).

Prevention and treatment

- Get vaccinated (Hepatitis B series is offered by BAYADA at no cost to you); HBV vaccination is proven to be effective in preventing HBV transmission.
- Health care workers should follow safe practices to prevent work-related exposures as outlined on pages 13, 14, 15, and 16 of this guide.
- Early treatment (preferably within 24 hours) after exposure can effectively prevent infection.
- For acute infection, no medication is available and treatment is supportive.
- For chronic infection, there are several antiviral medications that are available.

Hepatitis B vaccination facts

- BAYADA provides a series of three HBV injections at no charge to active employees who may be exposed to a client's blood or other potentially infectious materials as part of your normal job duties.

- The vaccine is a non-infectious, yeast-based product injected into your arm.
- There is no risk of contamination or any chance of developing HBV after getting the injections.
- Counseling services are available prior to making a decision about the vaccine.
- Regardless of your choice, you must complete a form verifying your decision.
- Even if you initially refuse the vaccine, you can always change your mind and BAYADA will cover the cost of the vaccine.

Hepatitis C virus (HCV)

Hepatitis C is the most common chronic bloodborne infection in the United States. Like HBV, it can cause liver disease that leads to liver failure and death. It is the leading cause of liver transplants.

Transmission

- HCV is transmitted through exposure to an infected person's blood and other body fluids or tissues. It is **not transmitted** through water, sharing eating utensils, hugging, kissing, hand holding, coughing, or sneezing.

Symptoms

- Only 20 to 30 percent of people who are newly infected with HCV develop mild symptoms such as fatigue, abdominal pain, joint pain, fever, dark urine, nausea, vomiting, poor appetite, clay-colored stool, and jaundice.
- The time period from exposure to symptom onset (incubation period) is 4 to 12 weeks.
- Most people with chronic HCV infection are asymptomatic for decades (during that time, the virus actively damages liver function).

Prevention and treatment

- There is no vaccine to prevent HCV.
- The best way for health care workers to prevent getting hepatitis C is to follow safe practices to prevent work-related exposures as outlined on page 16 of this guide.
- Combination therapy with interferon and ribavirin had been the only treatment for chronic hepatitis C until late 2013 when FDA-approved antivirals, sofosbuvir and simeprevir, were introduced and successfully reduced HCV replication. Since 2013, the FDA continued to approve new drugs and drug combinations. Currently, more than 90 percent of those infected with HCV can be cured with 8 to 12 weeks of therapy.



HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV is the virus that causes acquired immunodeficiency syndrome (AIDS)—a disease that attacks and destroys a person's immune system that is needed to fight diseases.

Transmission

- HIV is transmitted through exposure to an infected person's blood and other body fluids or tissues.
- The most common modes of transmission include: anal or vaginal sex with an infected person; sharing drug injection equipment with a person infected with HIV; and from an infected mother to her child during pregnancy, birth, or breastfeeding.
- Other modes of transmission include: needlestick; blood transfusions, blood products, or organ and tissue transplant (very uncommon due to testing of blood supply in the United States); unsanitary dental or medical practices; eating food pre-chewed by a person infected with HIV; human bite; blood or body fluid exposure to open skin or mucous membranes; deep kissing; and tattooing or body piercing.
- HIV is **not transmitted** by air, water, insects (including mosquitoes), saliva, tears, sweat, shaking hands, hugging, sharing dishes, closed-mouth "social" kissing, or toilet seats.

Symptoms

- While some people develop flu-like symptoms lasting a week or two within a few weeks of being infected with the HIV virus, others will have no symptoms at all (people with HIV infection may appear and feel healthy for several years).
- If untreated, early HIV infection can lead to cardiovascular disease, kidney disease, liver disease,

and cancers and their associated symptoms. Long-term, untreated HIV infection will eventually lead to the disease AIDS (symptoms of AIDS will be associated with the disease and cancers that occur from having a destroyed immune system).

Prevention and treatment

Health care workers should follow safe practices to prevent work-related exposures as outlined on page 16 of this guide.

- There is no vaccine to prevent HIV infection.
- PrEP (pre-exposure prophylaxis) is offered to people with a high risk for getting exposed to HIV such as those in a relationship with an HIV-positive partner or injecting illicit drugs. These persons can take a pill each day to prevent the virus from taking hold if the person is exposed to the virus. On May 15, 2018, the Food and Drug Administration approved an indication for Truvada for pre-exposure prophylaxis in adults and adolescents who weigh at least 35 kg (77 lb).
- Post-exposure prophylaxis (PEP) is offered when a person has a known exposure to an HIV-positive person. It should be started within 72 hours after exposure.
- There are benefits to early treatment of HIV infection; medications to treat early infection can limit or slow down the destruction of the immune system, improve the health of people living with HIV, and reduce their ability to transmit the virus.
- There is no cure for HIV infection, however, with proper medical care and treatment, HIV can be controlled.

HIV CONFIDENTIALITY FACTS

HIV is **NOT**
transmitted
by



Air or water



Saliva, sweat, tears, or
closed-mouth kissing



Pets or insects



Sharing toilets,
food, or drinks



HIV confidentiality facts

- Confidentiality means protecting information that any individual or institution has shared in a relationship of trust.
- There are federal and state laws to protect the privacy of those infected with HIV or AIDS.
- Information that is protected includes HIV testing; HIV test results, even if negative; HIV infection or HIV-related illness or AIDS; HIV-related conditions; medication specific to HIV disease; and contacts of someone with HIV (sexual partner, spouse, needle sharing).
- Each state has specific laws related to requirements for consent related to HIV testing. The following website describes those testing laws for each state:
<https://www.cdc.gov/hiv/policies/law/states/index.html>.
- A client's diagnosis of HIV is confidential and should only be shared with employees managing and caring for the client when it is necessary for them to know this information in order to provide care.
- A client's diagnosis should never be shared with other family members or placed on documents where visitors can read them.
- If you are not sure if information is confidential, ask your manager or director.

Remember: Although confidentiality related to HIV is enforced by the law, maintaining a client's confidentiality is also part of BAYADA's vision to be the world's most compassionate and trusted team of home health care professionals.

Per **Policy 37-2199**, when using email to communicate protected health information, send emails securely by typing the keyword **bayadasecure** within the subject line.

AIRBORNE AND DROPLET-TRANSMITTED DISEASES

- Airborne pathogens include tuberculosis, measles, chickenpox, smallpox, and severe acute respiratory syndrome (SARS)
- Droplet-transmitted pathogens include influenza, respiratory syncytial virus (RSV), adenovirus, pertussis, mumps, rubella, meningitis, and streptococcal group A

Tuberculosis

Tuberculosis (TB) is a disease that is spread from person to person by breathing in small respiratory droplets that are suspended in the air after an infected person releases the infectious droplets into the air when they cough, sneeze, speak, or sing. It usually affects the lungs, although it may also spread to other body parts such as the brain, kidneys, and spine. Serious consequences, such as permanent body damage and death, may result from this disease.

Symptoms

- It is important to recognize symptoms of TB and immediately report these to your manager if they occur.
- General symptoms include loss of appetite, unexplained weight loss, fever, night sweats, fatigue, chills, cough for three weeks, chest pain, and coughing up blood.
- Additional symptoms depend on the part of the body affected.

Transmission

- Those sharing breathing space with an infected person are at an increased risk of TB contagion; this group includes family members, friends, coworkers, and health care workers.
- Those at the greatest risk of contracting TB are people who are homeless, individuals from foreign countries where there is an uncontrolled TB epidemic, nursing home residents, prisoners, alcoholics, intravenous drug users, and people living with diabetes, cancer, or HIV.

Prevention

- Staff asked to work with clients with active pulmonary TB disease or another airborne-transmitted disease will be provided with a NIOSH-approved N95 respirator prior to assignment and after necessary fit-testing procedures and education are provided and documented per OSHA standards as outlined in BAYADA's Respiratory Protection Plan [Policy 0-3295](#). (A regular surgical

mask will not protect a person from inhaling the very small droplets associated with TB and other airborne pathogen transmission.)

Screening for TB infection

TB infection has traditionally been detected via a Tuberculin Skin Test (TST/Mantoux test)

- A TST/ Mantoux test is performed by inserting a small needle on the inside of the arm, just under the skin, and injecting some testing material (known as tuberculin).
- A health care professional (such as a physician or nurse) must inspect the injection site within **48 to 72 hours** of the test.
- If there is a reaction from the skin test, there will be a hard, raised bump with or without redness (the bump, not the redness, is measured; if the measurement falls below a certain size, the skin test is considered negative).
- A negative skin test usually means that the person has not been infected with the TB germ; however, there is a minimal risk of a false negative result. This generally occurs with a person who has a weakened immune system or has recently been exposed to the TB disease (it can take between 2 to 10 weeks after exposure before a person tests positive).

A new way to look for TB infection is via a blood test. The most common blood test is called a QuantiFERON TB Gold (QFT) test.

- This test requires going to a lab where a needle is used to draw 3mL of blood. Test results are usually ready 3 to 5 days after blood is drawn.
- A negative test result usually means that the person has not been infected with the TB germ, however, there is a small risk of a false negative result. This generally occurs when a person has recently been exposed to the TB disease. It can take between 2 to 10 weeks after exposure before a person tests positive.



NIOSH-approved
N95 Respirator

A positive skin reaction (hard raised bump) or positive QFT blood test means that the person has been infected with the TB germ (**latent TB**), it **does not mean** that the individual has active TB disease; additional tests are needed to confirm active pulmonary TB.

- If a TB screening test is positive upon hire, the employee must obtain a chest x-ray to exclude TB disease and provide those results to BAYADA prior to working with clients.
- If the TB test is positive after working at BAYADA, your office will send you to a panel health physician for a follow-up evaluation.
- BAYADA assumes full financial responsibility for any additional testing (including a sputum sample and x-ray) that is required to confirm a TB diagnosis for our active employees.
- BAYADA will pay for any follow-up medical care, including the purchase of medicines prescribed to treat the symptoms and cure the disease for work-related exposure for our active employees.

SEASONAL INFLUENZA

Influenza (flu) is a contagious respiratory viral disease.

Transmission

- Influenza is spread in respiratory droplets through coughing and sneezing from person to person, and when touching the mouth or nose after hands come in contact with contaminated areas where the virus droplets have landed.
- The contagious period begins one day before symptoms occur, and up to five days after symptoms begin.

Symptoms

- Symptoms include fever, headache, extreme tiredness, dry cough, sore throat, runny nose, and muscle aches.
- Complications include bacterial pneumonia, dehydration, and worsening of chronic health conditions.

Prevention

- The best way to protect against the flu is to receive the influenza vaccine each fall.
- Employees caring for a client with influenza should follow standard and droplet precautions.
- Droplet precautions include:
 - Wearing a surgical mask when coming within three feet of the client
 - Wearing gloves when in contact with any secretions or items contaminated with secretions, like tissues and bed linens
 - Adhering to excellent hand hygiene practices

Follow CDC respiratory hygiene and cough etiquette practices

Both you and your client should follow the guidelines listed below to prevent the spread of influenza and other respiratory infections:

- Cover your nose and mouth with a tissue when coughing or sneezing.
- If you do not have a tissue, sneeze or cough into your upper sleeve rather than your hands.
- Dispose of used tissues in a waste basket immediately after use.
- Perform hand hygiene after each sneeze or cough.



Do not touch the

T-zone

The t-zone is the mucous membranes of your eyes, nose, and mouth where germs can easily enter.



EMPLOYEE ILLNESS

Many BAYADA clients are susceptible to infections and once an infection occurs, they have a decreased ability to fight that infection.

- Employees who come to work sick can put our clients at risk for infection.
- Notify your office **as soon as possible** when you suspect you have an infection or contagious disease; exhibit signs and symptoms of infection or contagious disease; or after a physician confirms you have an infection or contagious disease. Your manager will provide guidance on whether it is safe to work with clients. Decisions regarding work restrictions will be based on CDC personnel health guidelines; federal, state, and local regulations; or recommendations by a physician.
- Notify your office **as soon as possible** if you have been exposed to someone who is contagious. By the time signs and symptoms of some contagious diseases occur, exposure of that contagious disease may have already occurred to another person. For example, the period of contagion for chickenpox occurs one to two days before the rash appears and continues until all blisters have formed scabs.
- Sometimes you can work with the use of additional protective equipment to keep our clients safe, but sometimes it is best for you not to work with clients. **Never** care for clients or prepare food when you have diarrhea.

Some common contagious diseases include:

Clostridium difficile (c. diff)

Cold or acute respiratory infection

Conjunctivitis (pink eye)

Fifth disease (parvovirus B19)

Gastrointestinal infections (such as Norwalk Virus, salmonella, and shigellosis)

Hepatitis A

Herpes simplex (cold sores)

Herpes zoster (shingles)

Impetigo

Influenza

Measles (rubeola)

Meningitis

Mumps

Methicillin-resistant staphylococcus aureus (MRSA)

Pediculosis (head lice)

Pertussis (whooping cough)

Rabies

Ringworm

German measles (rubella)

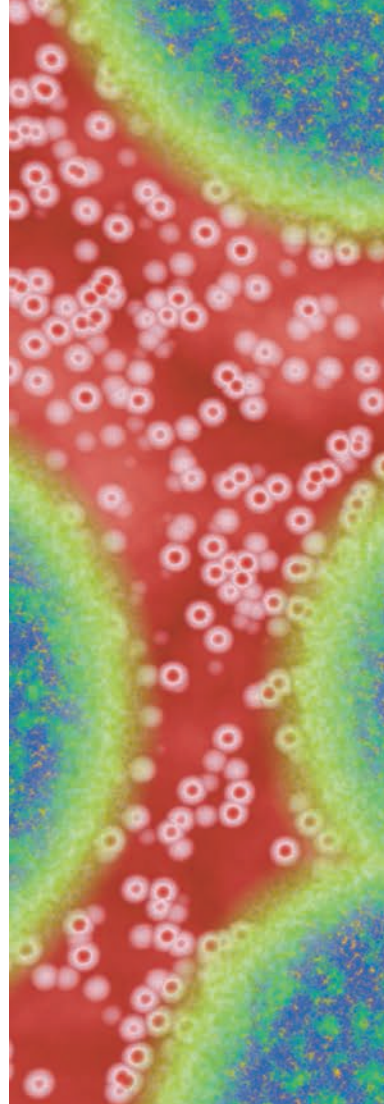
Scabies

Streptococcal infection

Tuberculosis (TB)

Varicella (chickenpox)

Vancomycin resistant enterococcus (VRE)



REFERENCES

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- CDC Guideline for Disinfection and Sterilization in Health care Settings, 2008 <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>
- EPA-Selected EPA registered Disinfectants <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- The National Institute for Occupational Safety and Health (NIOSH) Latex Allergy, A Prevention Guide. <https://www.cdc.gov/niosh/docs/98-113/default.html>
- American Latex Allergy Association (ALAA) <http://latexallergyresources.org/about-latex-allergy>
- CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>
- Association of Occupational Health Professionals in Healthcare <http://aohp.org/aohp/Portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf>
- CDC Guideline for Infection Control in Health Care Personnel <https://www.cdc.gov/hicpac/pdf/infectControl98.pdf>
- CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings <https://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>
- APIC Infection Control in Home Care and Hospice, 2nd edition, 2006
Emily Rhinehart and Mary McGoldrick
- Henry the Hand <http://www.henrythehand.com/>
- HIV Post-Exposure Prophylaxis <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-pep101.pdf>
- HIV Pre-Exposure Prophylaxis <https://www.cdc.gov/hiv/pdf/library/factsheets/prep101-consumer-info.pdf>

Your full understanding and implementation of the infection prevention practices outlined in this booklet will keep both you and your clients safe.

Remember:

The best way to control the spread of disease is prevention. You can stop transmission by using good hand hygiene practices, standard precautions, transmission-based precautions, proper bag technique, and safe handling and disposal of hazardous waste.



The **BAYADA** Way®

Excellence

We provide home health care services to our clients with the highest professional, ethical, and safety standards.

- Consistently demonstrate the highest level of skill, competence, and sound judgment in our work.
- Continuously improve our work through evaluation, education, and training.

Reading and understanding the standards presented in *Staying Healthy: A Guide to Infection Prevention* is **required** for BAYADA Home Health Care employees. Practicing good infection prevention is essential to providing the *highest quality home health care available* and will keep you and your clients safe.



Hand hygiene saves lives

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Required reading to keep you and your clients safe
Nurse, therapist, dietician, and social worker edition

Staying HEALTHY

A Guide to Infection Prevention
July 1, **2018**—June 30, **2019**



Want to view the guide online? Go to bayada.com/staying-healthy.asp.

Please call your clinical manager if you have any questions about the content in this guide or if you would like to receive copies of any policies. You may also contact our BAYADA infection prevention program director regarding content questions at annualeducation@bayada.com.