

Required reading to keep you and your clients safe
For non-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.

“You can’t take risks. I follow the highest standards of care and keep my hands clean. It is always good to be safe when taking care of clients.”

Cruz Sandoval, HHA
2018 HHA Hero of the Year



WE LOVE WHAT WE DO

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This guide contains important information to help keep you and your clients safe and prevent the spread of infection between you and your clients. The information in this guide is updated each year.

HAND HYGIENE



...why hand hygiene is so important?

Health care workers' hands are the #1 way that germs are spread to clients.

What does hand hygiene mean?

Hand hygiene means that you are following these safe practices:

- 1 Keeping your hands clean
- 2 Keeping your nails from spreading germs
- 3 Preventing dry and cracked skin on your hands
- 4 Using gloves the right way

Hand decontamination

What does "decontaminate" mean?

Even though you can't see germs on your hands, you pick up germs in client homes with everything you touch. "Decontaminate" means getting rid of germs on your hands.

What type of product gets rid of germs on hands?

An antiseptic agent gets rid of germs on hands. An example of an antiseptic agent is the BAYADA-approved hand gel—Isagel—an alcohol-based waterless product.

Why do health care workers need to decontaminate hands with an antiseptic agent?

The use of an antiseptic agent is the most effective way to reduce client infections and infection-related deaths because they kill germs that are on the hands.



Are alcohol-based waterless products, such as Isagel, the only antiseptic agent that I can use?

BAYADA has a few other approved antiseptic agents that you can use. It is important that you only use the products that BAYADA gives you because these products have special ingredients in them to keep your hands clean, soft, and free from irritation, as well as being safe for our clients and safe to use with gloves.

Are all antiseptic agents used without water?

There are antiseptic agents that can be used with water. These agents are called antimicrobial soaps. Antimicrobial soaps are not the best way to decontaminate hands because they are not as easy to use or as nice to your skin. To use an antimicrobial soap, you need to leave the client to go to a sink. The use of paper towels and water can make your hands dry.

Why can't I just use plain soap and water or an antibacterial soap and water?

Plain soap and antibacterial soaps you can buy in the food store will not kill or rid (decontaminate) your hands of germs. Plain soap and water only remove most germs when soap is used with a lot of friction (rubbing hands together really hard). **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. This is why using an approved antiseptic agent to decontaminate your hands is so important!

When EXACTLY do I need to decontaminate my hands?

- Before touching your client (such as assisting with bathing, dressing, transferring, or ambulation)
- Before putting on or taking off gloves or other personal protective equipment (PPE)
- Between contact with objects (such as a bedside table or equipment) and the client
- After unplanned, unprotected contact with blood, body fluids, excretions, mucous membranes, or broken skin

Glove use

What does “use gloves the right way” mean?

Gloves are never a substitute for hand decontamination. They must be changed at the times you need to decontaminate your hands listed above. Hands must always be decontaminated before putting on and after taking off gloves.

Nail care

How do I keep my nails clean to prevent them from spreading germs?

Keep your nails ¼ inch or less in length. Do not wear artificial nails. Artificial nails store more bacteria than natural nails. BAYADA has a policy stating that artificial nails and extenders are **prohibited for staff who provide care to clients** because of the risk of transmitting infection to them.

Hand care

Your hands should not be dry or cracked. Dry, cracked hands can become infected and prevent you from using gel and soap and water the right way. Notify your manager immediately if you have an injury to your hands (such as cuts, sutures, or burns) that prevents you from keeping them clean.

How do I keep my skin from getting dry and cracked?

Only use the products that BAYADA gives you to gel or wash your hands and ask your office for the BAYADA-approved lotion. Lotion will prevent your hands from becoming dry and heal hands that are already dry.

Hand hygiene supplies

Why do I have to use the supplies that BAYADA provides me?

You should use only products that are supplied to you by your office to decontaminate and moisturize your hands because these products are specially formulated for health care worker use. The added ingredients in the products are safe for the many times the product needs to be used and safe to use with gloves. Some unapproved products can cause holes or tears in gloves and skin rashes.



...that a client with a urinary catheter is at high risk for infection?

Urinary catheters are not a normal part of our body. A catheter that goes into the bladder creates a new way for germs to travel into the bladder, putting our clients at a higher risk for infection.



...that previously used bar soap should **never be used** to wash your hands? When hands need to be washed with soap and water and there is no access to liquid soap, a brand new (never used before) bar of soap should be used.



...all the facts about alcohol-based waterless gel and foam use?

Alcohol-based waterless gel and foam facts:

- Meant to be used without water and will work best to decontaminate hands if not mixed with water
- Does not remove visible dirt or contaminants (blood, stool, urine, mucous) from hands
- Can only effectively kill germs when there is no visible dirt or contaminants on the hands
- Alcohol content in the gel or foam is flammable when hands are not allowed to dry fully and can cause burns. Be sure to wash your hands with soap and water before cooking over an open flame such as a gas stove or grill.

Alcohol-based waterless hand gel or foam is the most commonly used antiseptic agent for decontaminating hands. Alcohol-based waterless hand gel or foam is preferred because:

- You do not need water for use
- You do not need paper towels to dry hands
- You can use it anywhere in the home because a sink is not needed
- You will prevent dry and cracked skin that can occur with frequent soap and water use

Alcohol-based waterless hand gel or foam use procedure:

- 1 Make sure your hands are dry and free of visible dirt or contaminants.
- 2 Apply a dime-sized amount of gel, or more, to the palm of your hand.
- 3 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.

What are the situations when hands are most likely to become contaminated?

- You touched or think you touched any body fluid or contaminated surface without glove protection.
- You used the restroom.
- You are caring for a client with diarrhea or vomiting caused by specific types of germs (such as norovirus and clostridium difficile).

How are dirt and contaminants removed from hands?

Dirt and contaminants, such as blood and body fluids can be removed from hands by creating **friction**

when washing hands with an antimicrobial or plain soap and water. 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.

It is also recommended that you wash your hands with soap and water before eating and preparing food.

Procedure for washing hands with antimicrobial or plain soap and water

- 1 Turn on running water to a warm temperature. Avoid hot water, which can damage skin.
- 2 Wet hands and wrists thoroughly, holding hands downward over the sink.
- 3 Apply soap to wet skin.
- 4 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.
- 5 Rinse hands and wrists under running water so soap flows downward toward fingertips until all soap is removed.
- 6 Dry wrists and hands thoroughly with a paper towel.
- 7 Turn off water using a paper towel to cover the faucet handle.
- 8 **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.



You are giving your client a bath and the phone on the table next to the client's bed rings. The client asks you to get the phone, as she is expecting an important call from her daughter who wants to talk with you.

Did you correctly answer?

Remove gloves, decontaminate hands with an alcohol-based waterless hand gel, and answer the phone. After hanging up the phone, decontaminate hands with alcohol-based waterless hand gel, apply new gloves, and continue with the bath.

PRECAUTIONS TO PROTECT YOU AND YOUR CLIENT

Standard precautions

You should use standard precautions for the **care of all clients**.

- Standard precautions protect both you and the client from spreading infection.
- We use these precautions whether or not we know the client has an infection because not all infections can be seen or are told to us by the client. The client may not even know that they have an infection.
- Remember, 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.

Follow these key practices:

- **Perform hand hygiene procedures** including proper hand decontamination technique.
- **Wear gloves** when performing tasks that may put you in contact with blood, body fluids, secretions (saliva, mucous, tears), excretions (urine and stool), broken skin (including dermatitis, cuts, abrasions, chafing, and acne), and mucous membranes (mouth, eyes, nose), or any item that is soiled or contaminated with these substances.
- **Wear 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.

- **Handle soiled dressings, equipment, and linen** in a manner to prevent exposure or transfer of germs.
- **Follow safe practices when caring for clients who use needles** as outlined on page 13 of this guide.

Transmission-based precautions

You will be asked to use transmission-based precautions when a client has an identified infection that spreads to people in a specific way. These precautions are:

Airborne—when tiny droplets are released into the air and stay suspended in the air for a long time, making it easy for another person to inhale them

Droplet—when larger droplets are released into the air that only stay in the air for a little while and then fall and land on surfaces and items. These surfaces and items become contaminated.

Contact—when blood or body fluids contaminate items and surfaces such as bed linens, clothes, and tables

The type of precautions used may vary depending on the way the germ spreads.

Airborne precautions require the use of an N95 respirator mask. For example, you should use airborne precautions when caring for a client with tuberculosis (TB), chickenpox, or measles.



Droplet precautions require the use of a **surgical mask**. For example, you should use droplet precautions when caring for a client with seasonal influenza (flu), RSV, group A streptococcus, pertussis, mumps, rubella, meningococcal disease, parvovirus, or adenovirus. Masks for both airborne and droplet precautions 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 like drinking cups.

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. You may also be given specific directions on what items you can take into the home. You will be asked to use contact precautions when caring for a client with bacteria-causing diarrhea, such as clostridium difficile, or when a client has an infection in the urine, mucous, or wound with a bacteria called methicillin-resistant staphylococcus aureus (MRSA), and specific respiratory infections in infants and young children such as RSV, influenza, or adenovirus that require both droplet and contact precautions.

Personal protective equipment (PPE)

Wear PPE when in contact or **think you could be** in contact with:

- Blood
- Body fluids (except sweat)
- Secretions
- Excretions
- Open skin
- Anything soiled or contaminated with these substances (such as sheets, towels, clothes, bedside tables, wheelchairs, or seat cushions)



Goggles



Face shield



Apron



Surgical mask



Gown



Gloves

Gloves: protect hands

Gowns and aprons: protect skin and 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 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.

DO YOU KNOW ...



...what type of PPE to wear for the many tasks that you do?

DO YOU KNOW ...



You should always remove gloves first when taking off PPE (gloves, goggles, gowns, masks) See pictures on next page (#8), "Steps for taking off PPE"

EXAMPLES OF WHEN TO WEAR PPE

Wear gloves to protect hands:

- When performing tasks that do or could put you in contact with blood, body fluids, open skin, mucous membranes, or any item that is soiled or contaminated with these substances; examples include mouth care, bathing, emptying a urine drainage bag, changing an adult brief or child's diaper, assisting with toileting, washing dirty soiled linens, emptying trash, handling soiled tissues, or cleaning the bathroom.

Wear leak-proof gowns or plastic 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 (including 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, such as:

- Supporting the client while a nurse or family caregiver provides care that can lead to an exposure (such as irrigating a feeding tube, suctioning, or wound irrigation)

Wear specific PPE when a client is known to have an infection that can be transmitted by coughing, sneezing, or by drainage from a body part that contaminates the environment. This is called a transmission-based precaution.

Your office will let you know when this additional precaution is needed by writing it on the care plan.

DO YOU KNOW...



...that there are specific steps for putting on and removing PPE?

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



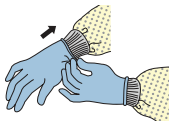
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



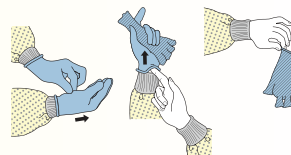
STEPS FOR TAKING OFF PPE

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:

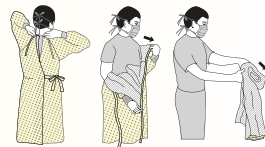
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing; otherwise,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



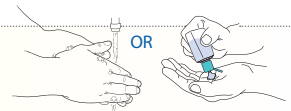
4. MASK OR RESPIRATOR

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

What is a latex allergy?

A reaction to certain rubber products.

Why do I need to know about latex allergies?

Most gloves that health care workers use are made from latex.

If there is a chance that home health care workers are allergic to latex gloves, why does BAYADA provide them to us?

Latex gloves are very strong and provide a high level of protection to health care workers who care for clients with infectious diseases. Only a few home health care workers are actually allergic to latex.

What type of glove do I use if I am allergic to latex?

If you or a client is allergic to latex, you will be asked to use another type of glove that is safe for use by home health care workers who are allergic to latex.

What are symptoms of a latex allergy?

An allergic reaction to latex can range

from mild symptoms to a life-threatening reaction. 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 called 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 and diarrhea, and loss of consciousness.

How is a latex allergy treated?

If you are allergic to latex, your symptoms will be treated. There is no cure for a latex allergy. Once you have this allergy, you will need to avoid using latex products.

How can I prevent a latex allergy?

Report any symptoms of a latex allergy that occur to your manager immediately. 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.**

...skin irritation that 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 a latex allergy. Powder-free gloves will help reduce this problem.

DO YOU KNOW...



...that latex is not just found in gloves?

If you know you have a latex allergy, become alert to other products that contain latex.

Which products contain natural rubber latex?

- 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
- Balloons
- Waistbands on clothing
- Dishwashing gloves
- Rubber toys
- Rubber bands
- Carpet backing
- Pacifiers
- Erasers
- Shower curtains
- Bath mats
- Hand grips on bikes
- Swim goggles



DO YOU KNOW...



HOW TO SAFELY TAKE CLIENT CARE SUPPLIES INTO A HOME

If you are asked to take supplies (such as gloves, aprons, gowns, blood pressure cuffs, or stethoscopes) from one client's home to another, you will need to have a supply bag to safely do this.

Is there a special type of supply bag used to carry supplies?

Supply bags should be leak-proof, washable, and have an outside pocket where hand hygiene supplies can be placed.

Why are hand hygiene supplies kept in an outside pocket?

It is important for you to decontaminate your hands before removing clean supplies from inside the bag so those supplies remain clean. A separate outside pocket provides a place to keep alcohol-based waterless hand gel.

Why does the bag need to be leak-proof and washable?

You need to keep supplies used to care for a client clean. If a bag leaks, supplies inside the bag will become contaminated. A bag that is not washable will need to be thrown out if it becomes dirty. A bag that is washable allows the bag to be cleaned to keep it free from germs.

...you should never put your lunch or other personal items in the supply bag used to carry client care supplies?

Personal items must be kept separate from client care supplies. Client supplies must be kept as clean as possible; the risk for them getting contaminated is high when you mix personal items with them. This is why supply bags that contain client care items should not contain personal items and a home health worker's personal bag should not contain client care items.



...there are specific steps to follow when using a supply bag?

Bag technique procedure

- 1 Carry the bag into the home and place it on a clean, dry, hard surface. **Never place the bag on the floor.**
- 2 If there is no clean surface, place paper towels, clean newspapers, plastic, or other **disposable** barrier supplied by your office, between the bag and a **dry, hard surface**. You can also hang the bag on a doorknob or the back of a hard chair.
- 3 Keep the bag closed when not in use.
- 4 Decontaminate hands with alcohol-based waterless hand gel prior to entering the bag.
- 5 Open the bag and remove needed items from the bag and place them on a barrier such as a clean paper towel, or other **disposable** barrier supplied by your office.
- 6 Close the bag.
- 7 Decontaminate hands prior to re-entering the bag for any reason.
- 8 When care is complete, disinfect items that have come in contact with the client (such as blood pressure cuff, stethoscope) with 70 percent isopropyl alcohol or germicidal wipes provided to you by your office. Place items on a clean barrier, decontaminate hands, and return clean items to the supply bag. Any items visibly soiled with blood or body fluids must be washed with soap and water followed by disinfection prior to returning the items to the bag.

Why does the bag have to be placed on a hard surface?

Hard surfaces like tables, counter tops, or wooden chairs can be cleaned and disinfected right away to ensure that they are clean. Fabric sofas, chairs, or bed mattresses cannot be cleaned or disinfected on the spot and may have dust mites, fleas, or other germs present that you can't see, but that can contaminate the bag. You do not want to risk taking a bag that could be contaminated to another client's home or your own home.

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

Yes. You 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 (gloves, gowns, masks) cannot be used for the care of another client.

Most offices will have PPE and hand hygiene supplies delivered to the client's home and kept in a designated, safe, and clean area for your use.



How to keep personal items safe I don't carry client care supplies but I do carry a personal bag with my car keys and lunch. Do I need to follow bag technique with my personal bag?

If you need to carry personal items into a client's home in a purse or backpack, place them on a clean, dry, hard surface such as a table or seat of a hard chair or hang on a doorknob, back of a hard chair, or in any safe place away from the client care area where contamination can occur.

When possible, avoid bringing personal items into a client's home. This helps prevent the spread of germs from one client to another, or to your own home.

...there are specific steps to take to make sure you do not transport bugs or insects from one home to another, including your own home?

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 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's home.
- Take off uniform and launder it in hot water and place in a dryer for 20 to 30 minutes upon arrival to own home as a final safeguard.

While changing an adult brief on Mr. Williams using gloves from a box that was delivered to the client's home by your office earlier in the week, you remember that Mrs. Jones, another client, is running low on gloves.

Did you correctly answer? You call your office to let them know that you are running low on gloves at Mrs. Jones's house so they can make sure you have enough for her care. You **do not** take gloves from Mr. Williams's home to Ms. Jones's home because once items are left in a home, they cannot be removed and taken to another client's home. Doing so could transmit germs.



HAZARDOUS WASTE MANAGEMENT

It is important when working in a client's home to understand what waste is harmful to your health and how to prevent exposure to that waste.

What is hazardous waste?

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.



What kind of hazardous waste can I come in contact with in a client's home?

- Body fluids such as urine, feces, blood, wound drainage that seeps through a dressing, vomit, or mucus
- Improperly discarded used sharps (needles, lancets, razors, and any other contaminated object that can penetrate, puncture, or lacerate the skin)
- Items contaminated with body fluids, such as soiled clothing and bed linens, adult incontinence briefs, child diapers, used tissues, used gloves, bathroom surfaces, bedside tables, bed rails, or wheelchair pads

How can I prevent contact with hazardous waste?

Use standard precautions for the care of all clients. Wear gloves and other PPE when you think or know you will have contact with blood, body fluids, secretions, excretions, broken skin, mucous membranes, and any **surface contaminated** with these substances. Keep the environment clean.

DO YOU KNOW ...



...there is a universal symbol for identifying hazardous waste?

When you see this symbol, with or without the word "biohazard," you know there is hazardous waste. The labels should be in an orange-red or a fluorescent orange color.



HANDLING AND DISPOSING OF HAZARDOUS WASTE

The following pages give examples of common tasks that may bring you close to hazardous materials, and directions on how to protect yourself.

Practice safe sharps use and disposal

Most sharps exposures are preventable when safe practices are followed.
Please test your knowledge below to see if you are using safe practices:

Ms. Jones has just injected herself with insulin and asks you to take the needle and dispose of it in the kitchen into the hard plastic container where she disposes her needles.

Did you correctly answer? Kindly tell Ms. Jones that you cannot touch used needles. Put gloves on. Go to the kitchen. Look closely at the container to make sure there are no needles sticking out. If the container is safe, take it to Ms. Jones so she can dispose of her needle herself. Report this request to your manager.

Mr. Smith asks you to help him take the old lancet out of the lancet pen so he can put a new one in to check his blood sugar.

Did you correctly answer? Kindly tell Mr. Smith that you cannot touch used needles. If there is someone else in the home, offer to get them to assist the client. Call your office and report this to your manager so the clinical manager can make sure Mr. Smith is safely taught how to do this, or help the client find another option for blood glucose testing.

You observe the client's family member inject the client with insulin, bend the needle, and place it in the trash can that is lined with a plastic bag.

Did you correctly answer? Report the incident to your manager. This is an unsafe practice. The needle, even bent, can penetrate the plastic bag and stick someone. The clinical manager will need to educate the client and family on safe needle disposal.



...these safe practice tips?

- Never assist a client with the use of needles for injection or blood glucose testing, such as a lancet or lancet pen.
- Never touch or dispose of used needles for a client into a sharps container; 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 during 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 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.

HANDLING AND DISPOSING OF OTHER HAZARDOUS WASTE

Practice safe disposal of soiled items and body fluids

- Wear gloves and other PPE as needed to carefully pour all liquid or solid waste (such as urine and feces) into the client's toilet.
- Place disposable soiled items (diapers, adult incontinence briefs) into a plastic bag and then into another plastic bag or trash can lined with a plastic bag—this double bagging will prevent leakage and exposure to this waste.

Practice safe procedures when handling soiled linens

- Always wear gloves when handling soiled linens.
- Always hold soiled linens 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 cleanup of blood spills

- If provided to you by your office, use a commercially prepared spill kit.
- When there is not a commercial spill kit available:
 - 1 Double glove and use other PPE as needed.
 - 2 Remove all visible bulk material, such as glass, with a dustpan; **never use hands**.

- 3 Clean the contaminated area with soap and water or other detergent and then disinfect with 1:10 bleach solution. For spills on rugs, wipe the blood spill with a disposable towel and clean carpet with a non-bleach, germicidal product.
- 4 Double bag all contaminated materials and then place in your client's trash, or as per local and state regulations.

Practice safe cleaning procedures

- Always use gloves when cleaning client care areas (bedside tables, kitchen sinks, bed rails, and bathroom surfaces).
- Always clean surfaces first with soap and water, then follow by cleaning with a disinfectant (such as Lysol, Clorox, 1:10 bleach solution).



DO YOU KNOW...



...it is easy to make a 1:10 bleach solution?

Making a 1:10 bleach solution is easy because you only need to have 2 items: water and bleach. To make a 1:10 bleach solution, mix 1 part bleach with 9 parts water (1 cup of bleach mixed with 9 cups of water or 1 tablespoon of bleach to 9 tablespoons of water). Whatever you use to measure the bleach, you use 9 of those for water. This mix of bleach and water is the best way to clean up blood and body fluid spills and it gets rid of germs like HIV, hepatitis B, and hepatitis C.

BLOODBORNE PATHOGEN EXPOSURE MANAGEMENT

Occupational (workplace) exposure prevention and follow up

What is an occupational exposure?

Occupational exposure is a direct exposure to a client's blood or other potentially infected fluids, body tissues, or personal belongings while you are at work.

How can an occupational exposure occur?

- Occupational exposures are usually not planned but most times can be prevented by following safe practices.



...what to do if an occupational exposure occurs?

- Immediately wash the exposed area with soap and water, or flush the affected mucous membranes (eyes and 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.

- You can be exposed following a blood or urine spill, a client's coughing of sputum, getting pricked by a used needle, or incurring a client bite or animal bite.
- 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.
- Request a copy of the *OSHA 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*, which is available through your BAYADA office or from the CDC website: http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf.



...how to prevent work-related exposures?

- Use good hand hygiene.
- Use standard precautions (appropriately select, apply, and remove PPE).
- Use transmission-based precautions when directed to do so.
- Identify and safely handle hazardous materials.
- Identify and report any unsafe situation to your manager (client who is aggressive; needles that are not disposed of properly).

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, and when infectious blood and body fluids come in contact with your open skin, eyes, nose, and mouth.

HEPATITIS B VIRUS (HBV)

What is hepatitis B virus?

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

How is hepatitis B transmitted?

- HBV is transmitted through exposure to an infected person's blood and other body fluids or tissues.
- 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.**

What are the symptoms?

- Symptoms 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).

Do symptoms occur right after exposure?

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 five or older have initial signs and symptoms, whereas most children under five years old and newly infected compromised adults are asymptomatic.

How can hepatitis B be prevented?

- Get vaccinated; hepatitis B vaccine is offered by BAYADA at no cost to you.
- Health care workers should **use Standard Precautions for the care of all clients** and follow safe practices to prevent work-related exposures as outlined on pages 13, 14, and 15 of this guide.
- Early treatment (preferably within 24 hours) after exposure can effectively prevent infection.

What is the treatment for hepatitis B?

- For acute infection, no medication is available and treatment is supportive.
- For chronic infection, there are several antiviral medications that are available.



...the best way to prevent getting hepatitis B?

The best way for all home health care workers to protect themselves is to get the hepatitis B vaccine.

What should I know about hepatitis B vaccination?

- BAYADA provides a series of three HBV injections at no charge to all 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 B is not spread through food, water, sharing eating utensils, hugging, kissing, hand holding, coughing, or sneezing.

HEPATITIS C VIRUS (HCV)

What is hepatitis C virus?

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

How is hepatitis C transmitted?

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

What are the symptoms?

- Symptoms include: fatigue, abdominal pain, joint pain, fever, dark urine, nausea, vomiting, poor appetite, clay-colored stool, and jaundice; these symptoms are usually mild and do not prompt a visit to a health care professional

Do symptoms occur right after an exposure?

- Only 20 to 30 percent of people who are newly infected with HCV develop symptoms.
- The time period from exposure to symptom onset (incubation period) is 4 to 12 weeks.
- Most people with chronic HCV infection do not have any symptoms for many years (during that time, the virus actively damages liver function).

What is the treatment for hepatitis C?

- Combination medication therapy with interferon and ribavirin has been the treatment of choice for chronic hepatitis C for many years. In 2013, two new drugs were approved for hepatitis C treatment. These drugs are sofosbuvir and simeprevir. Since 2013, the FDA continues 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.

...there is no vaccine to prevent getting Hepatitis C?

The best way for health care workers to avoid getting hepatitis C is to **use Standard Precautions for the care of all clients** and follow safe practices to prevent work-related exposures as outlined on pages 13, 14, and 15 of this guide.

DO YOU KNOW...



Your client, who is confused and upset, bites your arm, causing it to bleed?

Did you correctly answer?

You wash your arm immediately with soap and water, report the incident to your manager, and go to the occupational health site that your office directs you to for follow up and testing. Hepatitis B and C can be transmitted from client bites, as can tetanus, herpes simplex, and other infectious diseases.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND CONFIDENTIALITY FACTS

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

How is HIV transmitted?

- HIV is transmitted through exposure to an infected person's blood and other body fluids or tissues.
- The most common way HIV is passed from person to person is 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 ways 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 an HIV-infected person; human bite; blood or body fluid exposure to open skin or mucous membranes; deep kissing; and tattooing or body piercing.

DO YOU KNOW...

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.

How can HIV be prevented?

Home health care workers should **use Standard Precautions for the care of all clients** and follow safe practices to prevent work-related exposures as outlined on pages 13, 14, and 15 of this guide.

- There is no vaccine to prevent HIV infection.
- People with a high risk for getting exposed to HIV (in a relationship with an HIV-positive partner, injecting illicit drugs) can take a pill each day to prevent the virus from taking hold if the person is exposed.

- Post-Exposure Prophylaxis (PEP) is offered when a person has a known exposure to a HIV-positive person. It should be started within 72 hours after exposure.

What is the treatment for HIV?

- There is no cure for HIV infection, however, with proper medical care and treatment, HIV can be controlled.
- Medications to treat early HIV 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.

HIV confidentiality facts

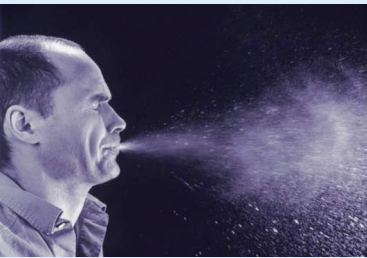
- Confidentiality means protecting information that any individual or institution has shared in a relationship of trust.
- There are federal and state laws to protect the privacy of those infected with HIV or AIDS.
- Information that is protected includes HIV testing; HIV test results, even if negative; HIV infection or HIV-related illness or AIDS; HIV-related conditions; medication specific to HIV disease; contacts of someone with HIV (such as 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 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. When using email to communicate protected health information, send emails securely by typing the keyword **bayadasecure** within the subject line.

TUBERCULOSIS

What is tuberculosis (TB)?

Tuberculosis is an airborne-transmitted disease. Airborne-transmitted diseases involve tiny droplets that are released into the air and stay suspended in the air for a long time, making it easy for another person to inhale these tiny droplets.



How is TB transmitted?

It is transmitted 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.

Who is at risk for getting TB?

- 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.

What are the symptoms of TB?

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



NIOSH-approved
N95 Respirator

How can I prevent getting TB?

- If you are asked to work with clients with active pulmonary TB disease or another airborne-transmitted disease, you will be provided with a NIOSH-approved N95 respirator prior to assignment and after necessary fit-testing procedures and education is provided and documented.

Why can't I use a regular surgical mask?

A regular surgical mask will not protect a person from inhaling the very small droplets associated with TB or other airborne-transmitted diseases.

Below are some facts about screening for TB infection:

- A common way to look for TB infection, used for many years, is a test called a Tuberculin Skin Test (TST/Mantoux test).
- A new way to look for TB infection is a blood test called a QuantiFERON TB Gold (QFT) test.



...why BAYADA screens our employees for TB infection?

Home health care workers like you are at risk for getting TB. You care for sick clients and not all clients with TB know they have it. Screening you for TB infection helps protect you by checking to see if you are infected with the germ that causes TB so you can be treated to avoid getting TB disease. This screening also protects your family and our clients from being exposed to TB.

If you are having the TST/Mantoux test, below is what you can expect to happen:

- 1 A small needle is inserted on the inside of the arm, just under the skin. Some testing material (known as tuberculin) is injected.
- 2 A health care professional (such as a physician or nurse) will inspect the injection site within **48 to 72 hours** of the test.
- 3 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.
- 4 A negative skin test 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 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.

If you are having a QFT blood test, below is what you can expect to happen:

- 1 You will go to a lab where a needle is used to draw 3mL of blood.
- 2 Test results will be ready 3 to 5 days after blood is drawn.
- 3 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.

What happens if a TB screening test (TST or QFT) is positive?

If the test is positive upon hire, the employee must obtain a chest xray to exclude TB disease and provide those results to BAYADA prior working with clients.

If the 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 xray) 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.

DO YOU KNOW ...



...that although a positive skin reaction (hard raised bump) or a 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 TB disease.

WHAT WOULD YOU DO IF ...



Your client tells you that his daughter, who lives in the home, is in the hospital with TB?

Did you correctly answer? Call your office immediately to report this to your clinical manager.

Follow CDC cough etiquette practices

Remind your client to 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.



SEASONAL INFLUENZA

What is influenza?

Influenza (flu) is a contagious respiratory viral disease spread by droplets. Droplet-transmitted diseases involve larger droplets that only stay in the air for a little while. These droplets then fall and land on surfaces and items that become contaminated.

How is it transmitted?

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

What are the 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.

How can it be prevented?

- 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 precautions and droplet precautions**.

Do not touch the
T-zone

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



...how to follow 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



EMPLOYEE ILLNESS

Many BAYADA clients are susceptible to infections and once an infection occurs, they have a decreased ability to fight that 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.
- Notify your office **as soon as possible** if you think 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.
- Do not come to work sick (vomiting, diarrhea, fever, cough, unknown rash, blisters, open areas of the skin, itchy skin, drainage from your eyes, etc.) as you will put our clients at risk for infection. Call your manager for guidance.
- Sometimes you can work with the use of additional personal protective equipment (PPE) 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:

C diff diarrhea (clostridium difficile)
Common cold or acute respiratory infection
Pink eye (conjunctivitis)
Fifth disease (parvovirus B19)
Gastrointestinal infections (such as Norwalk Virus, salmonella infection)
Hepatitis A
Cold sores (herpes simplex)
Shingles (herpes zoster)
Impetigo
Flu (influenza)
Measles (rubeola)
Meningitis
Mumps
MRSA (methicillin-resistant staphylococcus aureus)
Head lice (pediculosis)
Whooping cough (pertussis)
Rabies
Ringworm
German measles (rubella)
Scabies
Streptococcal infection
TB (tuberculosis)
Chickenpox (varicella)



...that a person with chickenpox is contagious one to two days before the rash appears and continues to be contagious until all blisters have formed scabs?

...that a common cold virus or mild respiratory infection transmitted to a client from a home health care worker can make some clients so sick that they end up in the hospital?



You had a mild fever, vomiting, and diarrhea last night. You wake up today feeling weak, but you're no longer feeling sick to your stomach. You have three clients on your schedule today.

Did you correctly answer? Call the office and tell your manager that you were sick during the night, and do not come to work until you are free of fever, vomiting, and diarrhea for 24 hours.

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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, 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
HHA, homemaker, habilitation technician, companion,
and non-licensed hospice volunteer 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.

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