

Orientation Packet
Section V
Infection Control

Abundant Life Home Health Agency Orientation Packet Section V

Infection Control

INFORMATION TO PROTECT HEALTH CARE WORKERS ON THE JOB FROM INFECTIOUS DISEASES THAT CAN BE TRANSMITTED BY BLOOD, BODY FLUIDS AND HUMAN TISSUE

This information is provided to inform you of our program of Universal Precautions to protect you against blood-borne pathogens, including viruses that cause hepatitis and AIDS.

THESE VIRUSES ARE PASSED FROM PERSON TO PERSON BY BLOOD OR BODY FLUIDS

1. The hepatitis B and C viruses. Hepatitis B and C cause hepatitis or liver diseases.
2. The human immunodeficiency virus. This virus is also called HIV. HIV is the cause of AIDS.
3. Cytomegalovirus. This virus is also called CMV. CMV causes an infection which can lead to birth defects.
4. Be aware that blood and bodily fluids and human tissue can carry other infectious diseases as well.
5. If a pregnant woman is infected with a blood borne pathogen, it may infect the baby.

YOU SHOULD KNOW

Hepatitis B is a disease that causes 200 to 300 deaths each year in health care workers. A vaccine to protect health care workers from hepatitis B is available at your physicians' office or local health department. The vaccine is highly recommended for all health care providers who have routine or occasional contact with the blood or body fluids of patients. Hepatitis B is passed from person to person by exposure to blood and some body fluids. HIV is passed the same way.

HIV has infected some health care workers on the job. Most got infected by a

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“sharp injury” such as a needle stick. Others got infected with HIV by getting blood splashed on their chapped skin or in their eyes, noses or mouths. The risk of getting infected while working in the home health setting is low but not zero. For example, the risk of infection by an accidental needle stick with an HIV contaminated needle is about three to four chances out of 1000. However, the risk of coming down with AIDS and dying is high if you get infected with HIV. A healthcare worker infected with a blood borne pathogen may pass it on to his or her partner by sexual contact.

A person who is infected with the cytomegalovirus (CMV) may not have any signs of illness. This virus may be passed from person to person by exposure to infected saliva and urine. If a pregnant woman becomes infected with CMV, it may cause damage to the fetus (unborn child).

Often, we do not know that a patient has one of these diseases. Many times a patient does not look sick. However, if you are exposed, you can still get one of these diseases. You can protect yourself from exposure by following special precautions known as UNIVERSAL PRECAUTIONS.

Infection Control

WHAT IS EXPOSURE?

Significant exposure to blood or body fluids is defined as:

1. Injury with a contaminated sharp object (e.g., needle sticks, scalpel cuts)
2. Spills or splashes of blood or body fluids into non-intact skin (e.g., cuts, hangnails, dermatitis, abrasions, chapped skin) or into a mucous membrane (i.e., mouth, nose, eyes)
3. Blood exposure covering a large area of apparently intact skin.

Here is a list of examples of exposures.

1. Getting blood or body fluids in cuts or in breaks in your skin, or in skin sores or on large areas of skin.

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2. Getting blood or body fluids in your eyes, mouth, or nose.
3. Getting cut or stabbed with any needles or sharp instruments which were used on a patient.
4. Getting cut on the broken glass that was used to hold blood, body fluids, or human tissue (glass tubes, blood collection tubes, bottles, jars, etc.)

WHAT IS NOT EXPOSURE?

1. Handling food trays or furniture.
2. Handling assistive devices or wheelchairs with patients.
3. Using public bathrooms or telephones.
4. Personal contacts with patients such as shaking hands, giving information, touching intact skin as when bathing intact skin or giving a back rub.
5. Doing clerical or administrative duties for a patient.

UNIVERSAL PRECAUTIONS

1. You must wear gloves if you touch blood, body fluids, mucous membranes or human tissue of any patient. To touch a patient's skin that is broken or cut, wear gloves. Gloves must be worn when cleaning and debriding a surgical incision or open wound, while performing any EMG/NCV diagnostic testing procedure, or suctioning a patient. You must wear gloves when performing any vascular access procedures – such as venipuncture. You must wear gloves when touching any surface or object which is reasonably anticipated to be contaminated even if not visibly contaminated, such as the outside of patient specimens. Always change gloves when they are torn. Always change gloves after contact with each patient. Always remove contaminated gloves before touching clean items such as door knobs, light switches, etc. Always wash hands immediately after taking off gloves. Do not wash or disinfect surgical or examination gloves for reuse. Do not use non-intact or discolored gloves.

2. When mucous membranes (i.e., mouth, nose, or eyes) come in contact with blood or body fluids, you must flush (irrigate) them with large amounts of water. If you have blood or a body fluid splashed into a skin cut, skin puncture or skin lesion, first wash the area with soap and water for at least 10 seconds,

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then put 70% isopropyl alcohol on the area. You must report any exposure that occurs either as a part of your job or through an emergency outside the scope of your job to The Company as soon as possible. Follow the same procedures used for incident reporting.

3. Do not eat, drink, apply cosmetics, lip balm or handle contact lenses in work areas where there is a potential for occupational exposure to blood or body fluid contaminated surfaces or objects.
4. Wear fluid resistant gowns or plastic aprons if soiling of clothes with blood or body fluids is likely.
5. You must wear a mask and eye protection or a face shield if spraying, splashing, or splatter to your face is possible. Minimal facial protection would consist of a surgical mask and eye glasses with solid side shields. Eyeglasses without solid side shields are never acceptable for the purpose of protection.
6. All personal protective equipment (gloves, masks, eye protection, and fluid resistant gowns or aprons) shall be removed immediately upon leaving the work area and placed in a designated container for washing or disposal. If contaminated, personal protection equipment should be removed immediately or as soon as feasible. If a pullover item is contaminated, remove it in a way that contamination of head or face does not occur. If this is not feasible, then pullover items should be cut off with scissors.
7. CPR masks are essential when performing mouth-to-mouth resuscitation, and are available at the clinic. Gloves, CPR masks, and proper hand washing are essential.
8. Handle anything sharp with care to prevent accidental cuts or punctures. Do not recap, bend or break used disposable needles. Discard all sharp items immediately by placing them in a puncture-resistant needle box or a puncture-resistant contaminated materials container (CMC). Broken glassware that may be contaminated shall not be picked up directly with the hands. Use a mechanical device such as brush and dustpan, tongs or forceps. Remove vacutainer needles only from clean vacutainer holders. Use the needle removal device to do this. Do not remove needles from visibly bloody vacutainer holders.

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Discard both holders and needles if they are visibly bloody. Needle boxes and CMCs should be closed when nearly full. They should never be allowed to become overfilled. They should also never be placed above eye level.

9. Clean blood or body fluid spills promptly. Wear gloves and use a freshly made dilution of one part chlorine bleach to 9 parts of water to clean a spill. Place paper towels over the spill. Flood the spill area with bleach dilution. Leave on for 10 minutes. Discard the paper towels in a contaminated materials container.

10. All patient specimens may be contaminated on the outside of the container and must be handled with gloves. Place them inside plastic bags before sending them to a laboratory. Be careful not to contaminate the outside of the plastic bag by handling it with potentially contaminated gloves. If the container is enclosed in a clean dry plastic bag, gloves need not be used for handling the bag. Do not send soiled containers to a laboratory. Do not place food or drink in refrigerators, freezers, cabinets or other areas where any patient specimens are placed.

11. A provider should report to The Company if you have a draining skin cut or sore. You must report before you take care of patients or touch patient care equipment. If there is a question about a provider's ability to safely care for patients, they should be cleared through The Company. Cover any non-draining lesions with waterproof dressing before entering the home environment.

12. Laundry visibly soiled with blood or body fluids must be handled with gloves. All laundry must be placed in a fluid proof bag. Do not place laundry in a red bag. If the outside of the bag is visibly soiled with blood or body fluids, the bag must be placed inside another bag. If personal clothing becomes contaminated with blood or other potentially infectious material, it cannot be taken home until it is laundered or disinfected.

13. To get rid of large quantities of blood or body fluids, carefully pour them down a toilet. The drain connects to a sewer system. If splash or splatter is likely, you must wear protection for your eyes and a mask or a face shield. You must also protect your clothes – wear a fluid resistant gown or apron. Place

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small, closed samples of blood in a puncture-resistant contaminated materials container. DO NOT SQUIRT IT IN!

14. ANY MATERIALS OR ITEMS VISIBLY CONTAMINATED WITH BLOOD, BODY FLUIDS OR HUMAN TISSUE MUST BE PUT INTO A CONTAMINATED MATERIALS CONTAINER (CMC). A

CMC must be available at your work site if you work with contaminated materials.

15. The following policies and documents are available for your review at the office of The Company. A copy of any or all of the following policies or documents is available to you upon request.

- a. Occupational Exposure Training Policy
- b. Hepatitis B Vaccine for Employees Policy
- c. Blood borne Pathogens Exposure Control Plan Policy
- d. Provision of Personal Protective Equipment Policy
- e. CPL 2-2.60 - "Exposure Control Plan for OSHA Personnel with Occupational Exposure to Blood borne Pathogens."
- f. Federal Register, "Blood borne Pathogens Regulatory Text", OSHA Standard 1910.1030

UNIVERSAL PRECAUTIONS

1. Personnel will wear gloves for contact with mucous membranes, non-intact skin and moist body substances for all patients. Wash hands after removing gloves and use clean gloves with each patient.

2. Gowns, masks, and protective eyewear are to be worn in addition to gloves during procedures where splashing or spattering of bodily fluids may occur.

3. Category specific isolation will be used for those patients with droplet/airborne diseases (list attached).

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4. Gloves are to be worn for collecting, transporting and processing of all lab specimens.
5. Environmental cleaning will be performed routinely after each patient's use.
6. Needles and sharps are to be disposed of, uncapped in a rigid impervious container.
7. For infectious waste disposal, refer to the posted "Infectious Waste Policy."

RATIONALE

1. Persons of all ages and backgrounds may be carriers of the AIDS virus. IN addition, the majority of organisms associated with nosocomial infections are commonly found in faces, airway secretions, blood, urine, and wound drainage. Category specific isolation is usually initiated only after a diagnosis is made. Emphasis is placed on transmission of pathogens via the hands of personnel.
2. Gowns protect clothing from soilage; clothing has rarely been known to be associated with transmission of infectious agents. Masks protect the mucous membrane of the wearer as well as prevent droplet transmission to active patients. Private rooms offer additional barriers for airborne disease transmission.
3. Lab specimens treated in an identical manner addresses the issue of unknown cases as well as known cases.
4. The environment of all patients should be treated in the same manner. If soilage is present, it should be cleaned promptly. When the patient is discharged, their environment should be cleaned with the same attention to detail that would be used if the patient was known to have an infection.

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5. Most needlestick injuries occur during the recapping process. Blood borne pathogens are a threat to health care workers via needle stick injuries.

Hep B info sheet

Implementing a Tuberculosis Control and Personal Respiratory Home Health Protection Program

PURPOSE

- To provide home health agency guidelines for effective tuberculosis control program
- To reduce the risk of transmission of M. tuberculosis (MTB)

RELATED PROCEDURES

- Applying Principles of Standard Precautions: General Guidelines
- Reporting and Managing an Exposure Incident
- Tuberculin Skin Test (see Chapter 10)

GENERAL INFORMATION

OSHA supports the CDC guidelines for the prevention of MTB in health-care facilities.

- Emphasis is placed on:
 1. administrative and engineering control and personal respiratory protection of health care workers;
 2. health-care facility risk assessment and development of a written MTB control plan;
 3. early detection and management of persons with MTB;
 4. purified protein derivative (PPD) skin testing programs; and
 5. health-care worker education, counseling, screening, and evaluation regarding MTB transmission, symptomatology, prevention, and treatment. Be aware that OSHA guidelines regarding protection of health care workers from exposure to MTB were under review for revision at the time of this writing. See

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the OSHA Regulations in the procedure for Applying Principles of Standard Principles of Standard Precautions: General Guidelines.

M. tuberculosis is carried in airborne particles, known as droplet nuclei, that can be generated when persons with pulmonary or laryngeal MTB sneeze, cough, speak, or sing. The particles are estimated to be approximately 1 to 5 microns. Normal air currents keep the particles airborne and can spread them throughout a room or building.

PROCEDURE

1. Institute the elements of the Personal Respiratory Protection and MTB Protection Program to include the following:
 - a. Conduct a risk assessment to evaluate the risk of MTB transmission among staff and patients.
 - b. Develop a written program based on the risk assessment, and periodically repeat the risk assessment to evaluate program effectiveness.
 - c. Develop, enforce, maintain, and evaluate policies and protocols to ensure early detection and treatment of patients/staff who may have infectious MTB.
 - d. Educate and train home health nurses and field staff about clinical manifestations of MTB, effective methods for prevention of MTB transmission, treatment modalities, and the benefits of a medical screening program.
 - e. Promptly evaluate possible episodes of MTB transmission in the home health agency and coordinate activities with the local public health department, emphasizing reporting, adequate discharge follow-up, and ensuring continuation and completion of therapy.
 - f. Perform an annual evaluation of the program. Based on outcomes, both written procedures and program administration should be modified as necessary. Elements of the program that should be evaluated include work practices and use of respirators.
2. Perform two-step PPD testing of home health nurses and field staff at the time of their employment, with retesting done annually and as needed. Consult with the local health department and local OSHA representative each year to keep updated on guidelines.
3. Provide respiratory protection devices. Appropriate respiratory protection must be worn by all staff potentially exposed to MTB in settings where

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administrative and engineering controls may not provide adequate protection. NIOSH requires the following criteria for respiratory devices used for MTB:

- a. Provide a respiratory protection device (respirator) able to filter particles of 1 micron with a filter efficiency of 95%, given flow rates of up to 50 L/minute (check manufacturer guidelines, and purchase certified respirators that meet or exceed NIOSH criteria).
 - b. Provide a medical evaluation that determines the health care worker is physically able to perform the work and use the respirator.
 - c. Provide a fit-test protocol whereby respirations are tested in a reliable way to obtain a face-seal leakage of no more than 10%.
4. Ensure that all staff that provide direct patient care in the home are instructed and trained in the proper use of respirators and their limitations (the face-piece seal should be checked by staff each time they put the respirator on).
 5. Ensure that respirators are easily available for use and stored in a sanitary location. If used again, clean and disinfect the respirator, according to the manufacturer's recommendations.
 6. Clean and replace equipment. Discard disposable items according to Standard Precautions.

NURSING CONSIDERATIONS

When visiting a patient with suspected or confirmed infectious MTB, offer the patient a surgical mask, and instruct the caregivers/family to cover their mouth and nose with a tissue when coughing or sneezing.

Wear respiratory protection when entering the home or the patient's room until the patient is no longer actively infectious.

Educate the patient/caregiver about the importance of taking MTB medications as prescribed by the physician.

Cough-inducing procedures should be performed on patients with actively infectious MTB only if absolutely necessary. If cough-inducing procedures are necessary, perform them in a well-ventilated area of the home away from caregivers/family members.

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Respirators should not be worn when conditions prevent a good seal. Such conditions may include the growth of a beard; sideburns; a skull cap that projects under the face piece; dentures; and in some cases, glasses. In addition, home health nurses and field staff who are severely immunosuppressed or pregnant should avoid exposure to MTB.

DOCUMENTATION GUIDELINES

Document Standard Precautions on the visit report. Any home health staff exposure shall be reported on the OSHA 200 form.

INSTRUCTIONS FOR TREATING MRSA PATIENTS

MRSA is “Methicillin-Resistant Staph Aureus” infection. It is an infection that is resistant to antibiotic treatment. Usually, patients acquire this infection while in the hospital. Patients who are elderly or who are immuno-compromised are most susceptible to this infection.

Contact-Droplet Isolation: gown, gloves, and mask are required for all health care providers. The patient may have been instructed to wear a mask, but it is not required.

Schedule MRSA patients for the last appointment of the day.

All clothing that comes in contact during the visit to be washed in HOT water and dried on the HOT setting.

All gowns, gloves and masks worn during the treatment are to be separately bagged in a garbage bag and immediately placed in a biohazard bag.

GOOD HAND WASHING IS A MUST. THIS IS TO BE DONE BEFORE, DURING (IF APPROPRIATE) AND AFTER THE TREATMENT USING ANTIBACTERIAL SOAP AND HOT WATER FOR AT LEAST 30 SECONDS.

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Management of Blood or Body Substance Spills in the Home

PURPOSE

- To prevent the spread of infectious disease
- To promote a clean environment

EQUIPMENT

1. Blood spill kit (utility gloves, paper towels, impermeable plastic trash bag, 1:10 bleach solution or other home health agency-approved disinfectant) (see Infection Control)

PROCEDURE

1. Explain the procedure to the patient/caregiver.
2. Don gloves.
3. Cover blood or body substance with paper towels.
4. Soak up drainage with paper towels. Place paper towels in an impermeable plastic trash bag.
5. Disinfect spill area with 1:10 bleach solution or an approved home health agency disinfectant for a minimum of 1 minute.
6. Wipe up bleach solution or disinfectant with paper towels and place in an impermeable plastic trash bag and secure.
7. For large amounts of blood or body substances, consider double-bagging plastic trash bags in another plastic trash bag, then secure it.
8. Clean and replace equipment. Discard disposable items according to Standard Precautions.

NURSING CONSIDERATIONS

Make a fresh supply of bleach solution daily because chlorine deteriorates and loses efficacy over time.

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DOCUMENTATION GUIDELINES

Document Standard Precautions on the visit report.

Maintaining Medical Supplies and Equipment in the Car

PURPOSE

- To promote cleanliness of medical supplies and equipment in the home health nurses and field staff car
- To prevent transmission of insects or infectious organisms

RELATED PROCEDURE

- Applying Principles of Standard Precautions: General Guidelines

EQUIPMENT

1. Large plastic or cardboard container with impermeable lining

PROCEDURE

1. Home health nurses and field staff who travel by car are to keep a large plastic or cardboard container in a designated clean area of the car, preferably the trunk.
2. The nursing bag, extra staff uniform, and medical supplies and equipment are to be kept in this container.
3. Supplies and equipment are to be stored in the car container in a neat and orderly fashion.

NURSING CONSIDERATIONS

Home health nurses and all field staff have the potential to transmit insects and infectious microorganisms from household to household. Medical supplies and equipment are to be stored, handled, and transported in a way to minimize this risk. Likewise, medical supplies/equipment in the patient's home is to be stored and handled without compromising integrity.

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Do not leave temperature-sensitive equipment in the car overnight or for long periods.

Using non-latex gloves should be considered because of potential staff and patient allergies to latex.

DOCUMENTATION GUIDELINES

Document Standard Precautions on the visit report. Reporting and Managing an Exposure Incident PURPOSE

- To report an exposure incident
- To prevent infectious disease or staff injury
- To acquire home health agency support services for possible staff exposure to infectious disease

RELATED PROCEDURE

- Implementing a Tuberculosis Control and Personal Respiratory Home Care Protection Program

EQUIPMENT

2. 4- x 4-inch gauze pads

Maintaining Medical Supplies and Equipment in the Car

3. Soap and water, paper towels, and an impermeable plastic trash bag (see Infection Control)

PROCEDURE

1. When an exposure incident occurs in the workplace, the following guidelines will be followed:
 - a. Eyes. If an exposure to the eye or mucous membrane occurs, immediately flush the area with clean water for at least 5 minutes.

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- b. Cuts. If an exposure occurs in a cut, open sore or lesion, abrasion, or damaged cuticle, wash the area with soap and water as soon as possible. Apply first aid.
 - c. Puncture wound. If exposure occurs by sharps, wash the area with soap and water as soon as possible. Apply first aid.
 - d. Clothing. Immediately clean all contaminated clothing with a 10% bleach solution. Change clothes as soon as possible. Carry an extra uniform in the car.
 - e. Respiratory. See the procedure for Implementing a Tuberculosis Control and Personal Respiratory Home Health Protection Program.
2. Report the exposure incident to the home health agency's Infection Control Clinical Director within 1 hour of occurrence.
 3. Follow OSHA recommendations for testing, counseling, and seeking appropriate medical assistance. (All efforts should be made to ensure employee confidentiality.)
 4. No further patient contact should be made by the exposed home health nurse and field staff until approval is given by the Infection Control Director.
 5. Clean and replace any equipment used during the procedure. Discard any disposable items according to Standard Precautions.

NURSING CONSIDERATIONS

Consider a tetanus prophylaxis for cuts and deep wound punctures; consult with the Medical Director as needed.

DOCUMENTATION GUIDELINES

Complete an incident report and forward to the home health agency's Infection Control Director within 24 hours of occurrence for follow-up, treatment, surveillance, and evaluation.

Equipment Cleaning

PURPOSE

- To prevent the spread of infectious organisms
- To maintain clean equipment when providing patient care

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RELATED PROCEDURE

- Applying Principles of Standard Precautions: General Guidelines

EQUIPMENT

1. Home health agency-approved disinfectants
2. Liquid soap and water
3. Antiseptic wipes
4. Utility gloves and an impermeable plastic trash bag (see Infection Control)

PROCEDURE

1. Don utility gloves to protect hands from disinfectants.
2. For initial clean up, wash all equipment with soap and water.
3. After washing equipment with soap and water, disinfect, rinse, and dry.
4. Disinfection methods in the home will vary. The item to be disinfected will primarily determine the disinfectant that is to be used. Bleach corrodes metal but is cited as an all-purpose disinfectant for blood and body substance spills.
5. Seal disposable supplies used to clean equipment in a leak-proof impermeable plastic trash bag separate from the family trash; secure and place in the family trash. Otherwise discard disposable items according to Standard Precautions.

Stethoscope

Routinely clean the bell/diaphragm of the stethoscope with a disinfectant spray, or, using a rotary motion, with an antiseptic wipe each visit.

Thermometers

Use an antiseptic wipe to clean glass thermometers; otherwise follow the manufacturer's recommendations.

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Respiratory Therapy Equipment

Do not use bleach or caustic disinfectants on respiratory therapy equipment. Consult with the respiratory therapist or home medical equipment (HME) vendor regarding specific guidelines.

Soap and water are effective for cleaning equipment such as nasal cannulas, masks, tubing, the cap and mouthpiece of cartridge inhalers, humidifiers, and surfaces of most respiratory therapy equipment.

Home respiratory equipment may also be soaked in a white vinegar/water (1 cup: 3 cups) solution for 20 minutes, thoroughly rinsed with warm running water, and allowed to air dry. Cleaning should be done daily or at least 2 to 3 times per week. Cleaning of respiratory equipment is also recommended after each intermittent positive pressure breathing (IPPB) or aerosol treatment. After being cleaned, humidifiers should be refilled with fresh distilled water to prevent bacterial growth.

Other

Soiled bedpans and commodes should be cleaned with soap and water and then disinfected. Instruments may be boiled on the stove for 15 minutes in a clean pan or metal tray and then stored in the nursing bag.

NURSING CONSIDERATIONS

Always read the label on the disinfectant and follow directions. Remember, disinfectants are designed for inanimate objects and may damage the skin; use with caution and instruct the family to store out of reach of children.

Use disinfectants in a well-ventilated room. If possible, totally submerge contaminated articles in the disinfecting solution for the required time-period.

If disinfection of contaminated equipment is not possible in the patient's home, seal it in an impermeable plastic trash bag and transport it to the home health

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agency for disinfection. Never place soiled or contaminated equipment in the nursing bag.

Whenever possible, use disposable equipment/supplies for home care patients.

DOCUMENTATION GUIDELINES

Document Standard Precautions on the visit report.

Bag Technique

PURPOSE

- To prevent contamination of the nursing bag
- To prevent cross-contamination and spread of infectious organisms

RELATED PROCEDURES

- Hand washing
- Maintaining Medical Supplies and Equipment in the Car

EQUIPMENT

1. Nursing bag with impermeable lining
2. Paper towels
3. Fresh newspapers or other suitable barrier
4. Leak-proof and puncture-proof container for bag storage in the car
5. Liquid soap (bar soap can be a haven for bacteria) (Note: antiseptic hand cleanser may be used instead of liquid soap) and an impermeable plastic trash bag (see Infection Control)

PROCEDURE

1. Observe the principles of Standard Precautions at all times. The inside of the nursing bag should be regarded and maintained as a clean area.

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2. Transport the nursing bag in the car on top of a supply of fresh newspapers. In addition, the bag should be stored in a clean area of the car, preferably in a plastic or cardboard container designated for such use.
3. Once in the patient's home, select the cleanest and most convenient work area and spread the newspaper.
4. Place the bag on the newspaper.
5. Prepare a receptacle (impermeable plastic trash bag for disposable items).
6. Open the nursing bag and remove items needed to wash hands (hand washing supplies should be kept at the top of the bag). Close the bag. Use the nursing bag as few times as possible.
7. Wash and dry hands according to the procedure for Hand washing.
8. Return to the nursing bag, open it again, and remove necessary items for the visit. Apply personal protective equipment as needed. Keep the bag closed during the visit. Leave all plastic containers in the bag. If additional equipment or supplies are needed from the bag during the home visit, the hand washing procedure must be repeated.
9. Discard disposable personal protective equipment in an impermeable plastic trash bag. To discard a disposable gown or plastic apron, remove the apron by folding the exposed side inward.
10. After providing care, clean all equipment with soap and water or a home health agency-approved disinfectant before returning it to the bag. Return unused clean supplies to the nursing bag after care is given. Contaminated equipment or equipment that cannot be cleaned in the patient's home may be transported for disinfection to the home health agency in an impermeable sealed plastic bag placed on the floor of the car. Never place used needles, soiled equipment, or dressings in the nursing bag.
11. Wash hands. Discard any remaining items according to Standard Precautions. Return cleaning supplies (e.g., liquid soap) to the nursing bag.
12. Close the nursing bag and fasten. When leaving the patient's home, pick up the bag and place the newspaper that was underneath it in the family trash. When traveling, store the nursing bag in a clean place (see procedure for Maintaining Medical Supplies and Equipment in the Car).

NURSING CONSIDERATIONS

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The nursing bag should be cleaned and restocked weekly at the home health agency. The following should be considered when selecting work areas in the patient's home:

- a. Adequate work space (preferably a clean surface)
- b. Protection of the family's property
- c. Protection of the nursing bag (place in a safe place area from children and/or pets)
- d. Convenience of water

Be aware that Bag Technique is a traditional public health practice that recognizes the impact and presence of the home health nurse in the community.

DOCUMENTATION GUIDELINES

Document Standard Precautions on the visit report.