



SAFETY & INFECTION CONTROL IN-SERVICE

Medical Staffing Solutions (MSS) is committed to promoting the safety of our staff and preventing unnecessary injuries or infections. We have devised this in-service to increase your knowledge of your risks and measures to prevent the above.

The following information is a general guideline. Whenever you are working at a facility, you must follow their policies and procedures for safety and infection control. If you ever experience an incident, injury or exposure to a potential infection, please notify a MSS supervisor at once.

SAFETY

1. Promote and use safety equipment per policy:
 - A. Utilize grab bars in bathrooms.
 - B. Use shower stools or transfer bath benches.
 - C. Utilize non-skid mats in bathing areas.
 - D. Remove throw rugs or other environmental hazards such as loose extension cords, small mats, and slippery waxed floors.
 - E. Use assistive equipment such as walking belts, Hoyer lifts, and back support belts.
 - F. Always lock any wheeled equipment
 - G. All personnel will be responsible for recognizing and avoiding unsafe conditions with regards to equipment.
 - H. Assess patient use of equipment and provide education and referral regarding safety.

2. All personnel should be knowledgeable of the principles of electrical safety, utilities management, and operation of medical equipment:
 - A. Report any equipment that is not in proper working order, gives off a spark or shock, and makes a peculiar noise or smell of burning.
 - B. Ensure all medical equipment is functioning properly, operating at the prescribed rate/frequency, and the patient is receiving the appropriate response from the equipment.
 - C. Report any cracked all cover plates, frayed or broken cords.
 - D. Never attempt to plug/unplug electrical cords with wet hands or while on a wet floor.
 - E. Use of an extension cord on a permanent use item is prohibited.

3. All personnel have the responsibility to practice fire prevention and safety:
 - A. Become familiar with the facility's principles of fire safety, evacuation plan and exit doors and your roles and responsibilities in the program.
 - B. Basics of immediate fire management include:
 - i. Rescue individuals directly threatened by fire
 - ii. When discovering a fire, activate the fire alarm by the alarm pull station, calling in to the customer's direct extension for fire reporting, or paging a fire overhead.
 - iii. Contain and confine fire and smoke to the smallest area possible to limit the spread.
 - iv. Extinguish the fire if this can be done without threat of harm to you or others. If not possible, you must evacuate patients, staff, and visitors and relocate them to an identified refuge area
 - C. Avoid accumulation of excessive flammable materials and trash.
 - D. Be cautious when using smoking materials.
 - E. Report conditions that could result in fire.



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- F. Know the locations of fire alarm devices, fire and smoke barriers, fire extinguishers and fire exits.
 - G. Attend fire drills, practice sessions, and fire training as assigned.
 - H. At each facility, know what to do when the fire alarm sounds, if you discover a fire, or smell smoke/burning substances.
4. Utilize proper body mechanics when lifting:
- A. Most importantly, get help for loads that are awkward or appear heavy.
 - B. To lift objects: Toes should be facing the object you want to lift. Spread feet apart, forming a wide base with your feet, squat or bend knees and take hold of item and hold it closely to your body. Stand up with your back straight, using your leg muscles to lift you, not your back muscles.
 - C. Divide weight of objects between both hands.
 - D. Secure firm footing before lifting and avoid jerking movements.
 - E. Do not reach and lift at the same time.
 - F. Use weight lift belt for lifting objects over 25 pounds.
5. Prevent slips and falls:
- A. Wear supportive, closed-toed shoes.
 - B. Clean up noted spills and trash.
 - C. Identify wet floors with signs and stay off them until dry. If you must travel across a wet floor-walk, don't run or slide.
 - D. Keep waste baskets, stools, stands and other mobile equipment out of aisles and other areas intended for walkways.
 - E. Utilize appropriate patient safety equipment
6. Prevent bruises, lacerations and skin tears:
- A. Keep all drawers closed when not in use. Open only one file drawer at a time.
 - B. Knock before entering a room and watch for others coming before leaving a room.
 - C. Check furniture regularly for rough or sharp edges, splinters and loose casters.
 - D. File drawers should never be “bumped” closed with your body.
 - E. Use sharp or pointed tools correctly and in a safe manner.
7. Prevent burns and skin reactions:
- A. Avoid contact with all chemicals and/or contaminants.
 - B. Handle chemicals cautiously. Immediately wash skin if exposed.
 - C. Never spray chemicals toward face or another person.
 - D. Follow directions and use proper mixing ratios with all cleaning/chemical solutions. If fumes are produced, use only in well-ventilated areas.
8. Patient safety should be age-specific:
- A. Be aware of the different physical and learning abilities of patients of different ages when assessing, performing, and teaching patient safety.
 - B. Utilize appropriate equipment for a patient's height and weight.
 - C. Never leave infants, toddlers, or pre-school children unattended.
 - D. Include parents in instruction and planning when caring for infants, toddlers, children, and adolescents.
 - E. Remove equipment after use.
 - F. Use appropriate references for tailoring medication administration and clinical assessment specific to weight and/or age.



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- G. For Infants and Toddlers: Ensure small objects are out of grasp; during exams you may allow an inquisitive toddler to handle equipment if safety can be maintained; provide instructions to the parents about child-proofing the home.
 - H. Pre-school child and School-age Children: set behavioral limits; use simple directions.
 - I. Adolescent (13-20 years): May have trouble believing he/she can be injured and take risks.
 - J. Adults: Recognize work place health hazards and lifestyle stressors.
 - K. Older Adults: Be aware of physical limitations with hearing, vision, and motor skills; increased risk of injury from falls; increased medication use increases risk for drug interactions.
9. The following safety precautions have been established for all personnel to follow when emergency situations arise. These precautions are not all-inclusive and other actions may be warranted.
- A. Severe Weather/Earthquake
 - 1. Have emergency equipment and medical supplies readily available.
 - 2. Close all drapes and exit doors.
 - 3. Move away from windows.
 - 4. Go inside a room without windows, if available.
 - 5. Do not enter damaged portions of building until instructed.
 - 6. Monitor weather bulletins/radio announcements.
 - 7. Do not exit building until instructed.
 - 8. REMAIN CALM, DO NOT PANIC!
 - B. Floods – **Remember flash floods can happen without warning!!**
 - 1. Have emergency equipment, medical supplies and drinking water available.
 - 2. Turn off all necessary electrical equipment.
 - 3. Do not touch electrical equipment unless it is dry.
 - 4. If evacuation is ordered:
 - a. Travel only designated routes – watching for fallen trees, live wires, washed out roads, earth slides, broken water lines, etc.
 - b. Do not try to cross a stream or other water unless you know it is safe.
 - c. Observe areas where rivers, lakes or streams may flood suddenly.
 - 5. After the flood:
 - a. Do not enter buildings until they have been inspected.
 - b. Do not use any open flames until the building has been inspected for gas leaks.
 - c. Do not turn on any electrical equipment that may have gotten wet.
 - d. Shovel out mud while it is still wet.



BLOODBORNE PATHOGENS AND STANDARD (UNIVERSAL) PRECAUTIONS

Blood borne Pathogens

Blood borne pathogens (BBP) are micro-organisms in human blood and other body fluids that can cause disease. Therefore, any blood or other body fluids must be considered as potentially infectious. Everyone employed in health care runs the risk of being exposed to blood borne pathogens. Two of the most serious blood borne pathogens are the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). HBV is more common and infectious than HIV. HBV may have no symptoms or may cause serious or fatal liver ailments HBV infects the liver and may lead to liver cancer, cirrhosis, or chronic liver disease. Infection with HIV may lead to the development of AIDS. Early symptoms may include weight loss, skin rash and chronic fatigue. Over time, death results from the body's inability to fight cancer of infections like pneumonia.

- Transmission of BBP's may result from:
- Sexual contact.
- Sharing drug needles with an infected person.
- Accidental injuries from infected needles or other sharp material.
- Direct contact between broken or chapped skin and infected body fluids, which include blood, dried blood, blood contaminated body fluids, blood contaminated surfaces, human tissue, semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, Synovial fluid, pleural fluid, pericardial fluid, and peritoneal fluid.

Standard (Universal) Precautions

Standard Precautions is an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HBV, HIV, and other BBP's. Standard precautions need to be used when performing procedures that may involve contact with blood, body fluids, secretions (except sweat), excretions, non-intact skin, and mucous membranes, or with any item that is soiled or contaminated with any of these substances. These precautions include:

1. *Hand Washing MOST IMPORTANT!!!*

It reduces, to as low as possible, the number of viable organisms on the hands in order to prevent transmission of healthcare associated pathogens from one patient to another and to reduce the incidence of healthcare associated infections. MSS follows the CDC Hand Hygiene Guideline in Health Care Settings:

- When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or body fluids, wash hands with either non-antimicrobial or microbial soap and water. Use either type of soap and water before eating and after using the restroom.
- Wet hands first with water and apply an amount of product recommended by the manufacturer to hands. Rub hands together vigorously for 15 seconds, covering all surfaces of the hands and fingers. Rinse



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hands with water and dry thoroughly with a disposable towel. Use towel to turn off faucet. Use warm but not hot water, as hot water may increase the risk of dermatitis.

- If hands are not visibly soiled, use an alcohol-based hand rub for decontaminating hands in all other clinical situations. Examples:
 - Before direct contact with a patient’s intact skin (taking a pulse or blood pressure, etc.)
 - Before donning sterile gloves when inserting a central intravascular catheter
 - Before donning gloves to insert invasive devices
 - After skin or mucous membrane contact
 - Moving from a contaminated-body site to a clean-body site during patient care
 - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
 - After contact with mucous membranes, non intact skin, body fluids or excretions and wound dressings, if hands are not visibly soiled
- Apply product to palm of one (1) hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the recommendations of the manufacturer regarding the volume of product to use.
- It is recommended that artificial nails not be worn when having contact with patients in high-risk areas. All nail tips should not exceed one-quarter (1/4) inch in length.

2. Gloving

- Disposable gloves need to be worn if there is a possibility of contact with blood or other body fluids, if there is contact with items that may have blood or other body fluids on them (i.e. infusions pumps and sharps containers, or when performing invasive procedures).
- Wear gloves only once and replace them immediately if they are torn.
- Never touch your bare skin or clothing with contaminated gloves.
- Remove contaminated gloves in a way as not to touch your bare skin.
- Contaminated gloves need to be disposed of in a hazardous waste container.
- Remember to wash your hands after removing gloves.
- Change gloves in between procedure on the same patient after contact with materials that may contain high concentration of microorganisms.

3. Gowns

- Long sleeved disposable gowns must be worn when there is a possibility that skin or clothing may come in contact with blood or other body fluids. This includes items that may have dried blood or other body fluids on them (i.e. infusion pumps and sharps containers)
- Disposable gowns should only be worn once.
- Remove gowns in such a way as not to touch the outside of the gown against clothing or bare skin
- Contaminated gowns need to be disposed of in a hazardous waste container.
- Gowns are also necessary to protect skin and clothing against splashes or sprays.

4. Masks



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- Masks are required in cases where respiratory transmission of microorganisms may occur:
- When a patient has a productive cough.
- When there is oral/ tracheal suction being performed.
- When performing procedures that may be likely to generate splashes or sprays.
- When an associate enters the room of an immune-compromised patient, such as persons receiving chemotherapy or treatment for AIDS.

NOTE: Personnel with a communicable disease such as a cold or flu must notify their supervisor of their condition prior to preparing or handling medications or products. Reassignments or wearing a mask may be necessary, depending upon the nature of their condition and their job.

- Disposable masks may be worn only once. Used masks must be disposed of in an appropriate hazardous waste container.
- Additional masking requirements are needed when there is a possibility of contact with airborne pathogens.

5. Protective Eye Wear/Face Shields

- Protective eye wear (i.e. goggles) or face shields are required for associates when there is a potential for exposure to flying particles, liquid chemicals, acids, caustic liquids, chemical gases or vapors.
- Protective eyewear is also required when compounding chemotherapy or hazardous drugs when a face shield is not present on the biological safety cabinet.

6. Respiratory Assistance Devices:

- Respiratory assistance devices must be worn whenever resuscitation is performed.

All of the above mentioned protective items are referred to as personal protective equipment (PPE). Personal protective equipment needs to be intact and in good condition. Do not wear contaminated PPE into a clean area. Remove PPE when it is contaminated or when a task is completed. Remove PPE so contaminated areas do not touch bare skin. Place used PPE in proper containers for disposal or cleaning. Wash thoroughly after removing PPE.

- Patient Care Equipment - All patient care equipment that is soiled with blood, body fluids, secretions or excretions shall be handled in a manner that will prevent skin and mucous membrane exposures. Single use, disposable items must be disposed of properly. Make sure that reusable equipment has been cleaned and reprocessed appropriately, prior to use on another patient.
- Environmental Controls - Make sure that the facility has adequate procedures and that they are followed for the routine cleaning of all surfaces, including beds, bedrails, bedside equipment and other frequently touched surfaces.
- Linen - Used linen soiled with blood, body fluids, secretions and excretions will be handled, transported and processed in a way that prevents skin and mucous membrane exposure, contamination of clothing and the transfer of microorganisms to other patients and the environment.



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- Occupational Health and Bloodborne Pathogens - Avoid injuries if at all possible when using needles, scalpels and other sharp instruments. Place all contaminated needles, syringes, scalpel blades and other sharp items in designated puncture-resistant containers. These containers should be located as close as possible to the area where the items are used.
- Instead of doing mouth-to-mouth resuscitation, use mouthpieces, resuscitation bags or other ventilation devices when the need for resuscitation is anticipated.
- Patient Placement - Ensure that patients, who may contaminate the environment or who do not (or cannot be expected to) assist in maintaining appropriate hygiene, are placed in a private room. Consult with your infection control professionals on patient placement, if a private room is not available.



Name

Date

SAFETY/INFECTION CONTROL POST-TEST

Double-click the correct answer box and click "checked"

1. True False
 Use a back belt for lifting objects over 25 lbs.
2. True False
 While lifting, keep objects away from the body.
3. True False
 Because you are temporary staff, you are not held legally responsible to know the policies and procedures at each facility you work.
4. True False
 Electrical equipment that smells of burning should immediately be reported.
5. True False
 When you work at a facility, you are responsible to know the location of fire alarms, fire extinguishers and fire exits.
6. True False
 In an earthquake, try to stay in rooms that have windows.
7. True False
 Turn off all unnecessary electrical equipment when preparing for a flood.
8. True False
 It is not necessary to notify MSS if you are involved in an incident or have been exposed to a blood borne pathogen. Notify only the facility supervisor.
9. True False
 Standard universal precautions need to be used on blood and urine only.
10. True False
 You must wear protective eyewear if there is a chance of flying particles such as when suctioning a patient.
11. True False
 When caring for a patient that has active TB, you need a special mask that must be properly fitted before you wear it.
12. True False
 The TB skin test, also known as the PPD test, is required a minimum of every two (2) years.