Protecting Against Blood and Other Potentially Infectious Materials – Healthcare



Safety Talk

What's at Stake?

All human body fluids, including sweat, saliva, vomit, and blood, can potentially be infected with bacteria or viruses. Some of these potentially infectious materials die almost immediately once outside of the body, but others can survive for several minutes, hours, or days in the air or on surfaces. Healthcare workers can never know until laboratory tests are returned which patients pose a threat.

What's the Danger?

Even if a patient is known to be infectious, people often underestimate the length of time bodily fluids can be infectious once they leave the body or the risk from airborne infections, carried through sneeze and cough droplets or saliva.

This means that staff often do not take appropriate standard or universal precautions, such as wearing a face mask because they think it is unnecessary, frightening for the patients, or too time consuming to put in place.

There is also a risk of assuming a patient is not carrying an infectious disease, particularly in the case of bloodborne infections, where staff often make assumptions about the likelihood of a patient having a condition such as HIV/AIDS.

How to Protect Yourself

Three Precaution Approaches

1. **Universal Precautions** assumes only blood and certain other types of body fluids are infectious. These precautions should be used if there is any risk, real or potential, of coming into direct contact with bodily fluids.
2. The CDC recommends **Standard Precautions** for the care of all patients, regardless of their diagnosis or presumed infection status. Standard Precautions assumes all body fluids are infectious.
3. **Transmission-Based Precautions** are used in addition to standard/universal precautions, if the patient is known or suspected to be infectious. TBP focus on the precautions specifically needed based on the risk – airborne, droplet, or

contact exposure.
    - Airborne Precautions used for infections spread in small particles in the air such as chicken pox.
    - Droplet Precautions used for infections spread in large droplets by coughing, talking, or sneezing such as influenza.
    - Contact Precautions used for infections spread by skin to skin contact or contact with other surfaces such as herpes simplex virus.

Keep yourself and patients safe by following these guidelines:

1. Treat all bodily fluid to be infectious unless confirmed otherwise

- Avoid direct contact with bodily fluids if possible.
- Don and doff PPE correctly:
    - Use the proper sequence of steps to remove face shields, masks, gowns, and gloves.
- Use the right PPE when handling patient clothing, bedding, or clinical waste.
- Encourage patients, and others, to use cough and sneeze hygiene.
    - Cough or sneeze into crook of arm, or into a tissue.
    - Don’t forget to dispose of tissues immediately and wash your hands or use hand rub after you cough or sneeze.
- Of course, be sure to follow these rules yourself.

2. Be clean

- Perform hand hygiene at the 5 moments of hand hygiene:
    - before touching a patient;
    - before clean/aseptic procedures;
    - after body fluid exposure/risk;
    - after touching a patient;
    - after touching patient surroundings.
- Change work clothes and launder as per policy.
- Follow policy and procedures when handling and laundering patient clothing and bedding.
- Clean patient bed areas and clinical areas as per schedule; and
- Clean patient care equipment as per schedule and manufacturer’s instructions.

3. Do not touch

- Avoid touching patient bedding, clothing, and other surfaces with your bare hands wherever possible.
- Never touch any body fluids without the protection of gloves and other PPE.

Final Word

Healthcare workers are exposed to infectious material through many different sources, such as direct patient care, working with body fluids in the laboratory or working in the laundry with soiled bedding. This is why standard and universal precautions are used. They are relevant whoever you are, wherever you work.