

DEPARTMENT OF CORRECTIONS
STAFF TRAINING

HEALTH SERVICES DIVISION

**HEALTH AND SAFETY
IN THE
PRISON ENVIRONMENT**

SEPTEMBER, 1991

**BONNIE NORMAN R.N., M.P.A.
PROGRAM DESIGNER**

Ref: NAC TA 91-A-1036

This technical assistance activity was funded by the National Academy of Corrections of the National Institute of Corrections. The Institute is a Federal Agency established to provide assistance to strengthen state and local correctional agencies by creating more effective, humane, safe and just correctional services.

The resource person who provided the technical assistance did so on a contractual basis, at the request of the Oregon Department of Corrections, and through the coordination of the National Institute of Corrections. This lesson plan is intended to assist the Oregon Department of Corrections in addressing issues outlined in the original request and in efforts to enhance the effectiveness of the agency.

The contents of this document reflect the views of Ms. Bonnie Norman. The contents do not necessarily reflect the official views or policies of the National Institute of Corrections.

Note: This training module is fairly general in nature. However, other correctional agencies using it as a resource should make those changes necessary to ensure that it reflects the philosophy, policy and procedures of their system.

TABLE OF CONTENTS

	PAGE #
1. PRE-INSTRUCTIONS	1
2. PURPOSE	2
3. BACKGROUND	2
4. AUDIENCE	2
5. TRAINING FORMAT	2
6. PERFORMANCE OBJECTIVES	3
7. LESSON PLANS	4-19
8. TESTING	20-21
9. BIBLIOGRAPHY	22
10. APPENDICES	
Appendix 1.	Rules of Body Mechanics
Appendix 2.	Draft Example Needle/Syringe Security
Appendix 3.	Example, Sign out sheet..needles and syringes
Appendix 4.	Example, Equipment Check List
Appendix 5.	Example, Defibrillator Operational Check
Appendix 6.	Example, Narcotic Count Sheet.
Appendix 7.	Control Drug Sign Out Sheet
Appendix 8.	Example, Environmental Check List
Appendix 9.	American Correctional Association Standards
11. TRANSPARENCIES	
Transparency 1.	Key points body mechanics
Transparency 2-4	Employee role in prevention of injuries
Transparency 5-6	Example, Required Equipment Check List
Transparency 7-9	Staff Role in Detecting Environmental Hazards
Transparency 10	Handling of Controlled Substances
Transparency 11-15	General Guidelines (CDC)
Transparency 16-21	Universal Precautions Review
Transparency 22	OH NO!!
12. SUGGESTED READING	FINAL SECTION

PRE-INSTRUCTIONS
FOR THE INSTRUCTOR

1. Four (4) hours have been allotted for the HEALTH AND SAFETY training module of which three and one-half (3 1/2) hours are for lecture, and 30 minutes are for class discussion and testing.

Participants are encouraged to prepare by reading:

- A. DOC Procedure on Control of Tools, Materials, and Equipment (available on the work unit).
- B. Other departmental/facility policies and procedures directly related to the training.
- C. The Video summary of "Aids Infection: Control and Management in the Dental Office" parts I & II, and;
- D. Video summary of "Universal Precautions for Hospital Personnel".

Note: Video summaries (B & C) can be found in the suggested reading section.

If time allows, prior to class, participants are encouraged to personally review the above videos.

2. One week prior to the training, class participants should receive a packet of information that includes all information found in the Appendices and in the suggested reading file for their review prior to training. Participants should be asked to bring this information to class as it will be necessary to reference some of the information during the training.
3. Upon commencement of the class, initiate a roster. Request individual SSN as the ID#. Retain in central training file.
4. To assure coverage of all topic areas prior to class it is strongly recommended that the instructor closely review the test questions and confirm that the essence of each test question has either been covered in the pre-reading assignment or during the class instruction.
5. Order, and have delivered to the training site, an overhead projector the day of the class.

UNIT ..HEALTH AND SAFETY

PURPOSE OF TRAINING:

To ensure that all new health care employees **are** oriented to the health **and** safety factors relevant to their job assignment.

Orientation of all employees to health and safety issues will reduce the risk of exposure to environmental hazards, communicable diseases and physical injury for both prison staff and inmates.

BACKGROUND: The correctional environment is an alien environment for health care providers. It is a security environment that each health care worker must learn a great deal about in order to function safely and appropriately and to gain self-satisfaction in carrying out their job. Health, safety and sanitation issues are abundant. This is why there is an ongoing need for staff training and involvement in these areas.

AUDIENCE:

This training is offered to all new employees in the Health Care Division upon their arrival in the Department and subsequently as needed on an annual or semi-annual basis for inservice.

TEACHING FORMAT:

Lecture/Discussion/Active Participation/Testing

1. A review of:
 - a. background material
 - b. new material/methods
 - c. applicable policies and procedures
2. On-the-job orientation/practice as indicated
3. Testing

Assurance of learning will be tested utilizing a summary discussion and short written test at the end of the class along with a performance test on the functional unit supervised by the Job Coach.

PERFORMANCE OBJECTIVES:

Upon completion of the training session, the trainee will be able to:

- Explain why health and safety issues are of primary concern to correctional health care employees.

- State the differences between providing health care services in the community (free world) environment and in a prison.

- Discuss the reasons for the necessity of establishing a positive relationship with security (corrections) staff and for abiding by established security regulations.

- Identify methods used for the secure storage and safe handling of sharps, tools, and instruments used in the medical areas of the prison.

- Locate the equipment/supplies/kits in the medical area (clinic/infirmary) that require regular maintenance checks

- Explain the procedure for handling of controlled drugs.

- Identify the primary mode of transmission of HIV and HBV.

- Identify the major reason why HIV is more serious than HBV.

- Specify the components of Universal Precautions.

- Describe the health care workers role in maintaining good sanitation and a healthy environment.

LESSON PLAN FOLLOWS

HEALTH AND SAFETY
LESSON PLAN

Trainer Notes	Trainer Outline
OPENING REMARKS	<p>One of the most important factors contributing to good health or impaired health in a correctional population is often considered beyond the purview of the medical staff: a clean, safe environment. This training session has as its purpose the goal of orienting each participant to the fact that this is far from the truth. All medical staff have an ongoing obligation to be alert to the health and safety hazards that are inherent in the correctional environment and that can impact the health of the inmate/patients or themselves and their co-workers.</p> <p>The role of every correctional employee includes being a safety officer and sanitarian in the facility in which they work.</p>
BACKGROUND:	<p>Health care workers in the prison environment are on the front line in matters affecting their own health and safety as well as that of the inmate population they serve. They face physical danger from violent inmates, fires, disasters, and daily exposure to the ill or injured inmate. The worker's own professional ethics and job responsibilities demand that he/she provide services to all those in need regardless of their health problem.</p> <p>By understanding the principles outlined in this training class, health care workers can significantly reduce the risk of injury or communicable diseases to themselves and the inmate population they care for.</p>
(see objectives previous page)	<p>Instructor should go over class objectives and explain that there are 3 components to the training, 1) Safety 2, Communicable Diseases and 3) Sanitation.</p>

I. SAFETY

Trainer Notes

Trainer Outline

A. ALERTNESS TO THE CORRECTIONAL ENVIRONMENT

Instructor should emphasize that the correctional work environment is not a hospital, it's a correctional facility.

.Security is the priority.

.Population is high risk for injury, illness and communicable disease.

.There are a significant number of handicapped prisoners.

.Medical equipment, space, is sometimes less than optimum.

.Employees must work with the inmate personality which is frequently unknown and can be subject to extreme alteration.

.No inmate is given control or authority over other inmates although they may try to do this.

.Explain that crowding can increase health and safety problems such as communicable diseases, assaults, hygiene and sanitation.

B. ABIDING BY SECURITY REGULATIONS

Discuss the importance of gaining a positive working relationship with corrections staff.

Correctional staff are needed for assistance and protection.

. Health care staff are expected to abide by facility/security requirements. I.E., Key control.

.Instructor should explain the importance of key control.

.If the facility key control procedure is available, this should be included in the suggested reading material for participants prior to class.

.Discuss other security expectations.

- avoid fraternization
- report inmate incidents
- other?

C. AVOIDING PERSONAL INJURY-
BODY MECHANICS

(brief revue only since most of the class will have had this training previously).

.Discuss:

-key points of body mechanics.

-Rules of body mechanics

.Instructor should explain procedure for reporting employee injury.

D. INNATE INJURIES, INCIDENTS

.examples (discuss each)

- athletic injuries
- altercations
- self mutilation
- work assignment related
- environmental hazards
(discussed later)
- other

.responsibility to report

.method for reporting

Discuss the employees role in prevention of inmate injuries.
(see transparencies for discussion topics)

transparency 1

Appendix 1

Circulate facility
employee injury
or incident form

circulate inmate
incident form

Transparency 2-3-4

E. SHARPS HANDLING AND
ACCOUNTABILITY

. sharps include needles, razors and other sharp instruments used for patient care.

.needle sticks are the most common sharps injury.

.needles attached to I.V. tubing cause the greatest number of needle stick injuries.

Instructor should discuss the procedure for obtaining and handling of needles and syringes.

.Location of needles and syringes:

- clinic tray
- med. room trays
- I.V. trays
- lab trays
- back-up trays
- other

.Use of sign out sheets

.Method for returning

Appendix # 2 & 3

|Draft example needle and syringe security P&P and sign out sheet. (instructor may substitute actual facility P&P if available)

F. TOOL CONTROL/MANAGEMENT

(I.E., BANDAGE SCISSORS AND OTHER POTENTIALLY DANGEROUS MEDICAL EQUIPMENT)

Goal: To prevent direct access of inmates to equipment that could be used as contraband or as a dangerous weapon.

Infirmery and Laboratory Instruments:

.Storage

- location of instruments
- method of storage
- Use of shadow boards
- instrument trays

.Method for obtaining instruments:

-Checking out

-Return of

-Reporting of missing instruments

.Discuss employees responsibility for each individual tool or instrument they use.

.Control of Barber tools

-Explain current procedure

G. EQUIPMENT MAINTENANCE AND SAFETY
MEDICAL SUPPLIES

Explain to class: Although a formal daily/ weekly/monthly assignment will be made in the various facilities to perform a maintenance check of key equipment and critical supplies, it remains each class participants individual responsibility on a daily basis to ensure that medical equipment is maintained in good operating condition, that problems are reported, and that necessary supplies are available to perform both emergent and non-emergent health care services.

transparency 5-6
Appendix 4

[D i s c u s s

.Inspection procedure including use of equipment checklist

(Instructor: see transparency 5-6 for discussion of examples of equipment needing to be routinely checked).

Appendix 5

specific example of an operational check (defibrillator).

Explain that:

.Each piece of key equipment or tray/bag/cart of emergent medical supplies should have instructions attached explaining what needs to be checked to ensure

availability and/or safe operating condition.

H. FIRE/EARTHQUAKE/ENVIRONMENTAL HAZARDS

Transparency 7-8-9

.Instructor review facility disaster plan and explain health care staff role.

.Discuss environmental hazards and importance of staff role in recognizing and reporting potential hazards.

-flammable, toxic, and caustic substances.

-Equipment

-Procedures

-Unsafe conditions

-Work practices.

.Discuss procedure for reporting potential hazards (e.g., work order)

I. SAFE ADMINISTRATION AND MANAGEMENT OF PHARMACEUTICALS

.Instructor to give a brief overview of the drug orientation of the majority of the inmate population and the potential problems that exist in the administration and management of pharmaceuticals in the prison.

-INMATE ISSUES

Hoarding

Overdosing

Contraband

Game playing

-SAFETY/SECURITY METHODS

Secure storage, including lockable cabinets

Separation of int/ext medications
visualization of high risk behavior inmates taking their meds.

Transparency 10
Appendix 6-7

.Drug distribution, CONTROLLED SUBSTANCES. Discussion topics include ordering, inventory levels, sign out procedures, shift count, reporting discrepancies, handling discontinued or expired drugs

11 . COMMUNICABLE DISEASE PROGRAM/CONTROL METHODS

Trainer Notes

Trainer Outline

A. INTRODUCTION TO COMMUNICABLE DISEASES

Instructor to give general overview of the concern about communicable diseases in the prison population (only brief information needed here; specific detail by disease category will follow).

.What are the general concerns?

-spread of disease

-early detection

-ability to isolate effectively

.What are the major CD problems at the current time? State which ones cause the most concern; which is most prevalent, etc. (Note: the ones causing the most concern may not be the most prevalent).

-Tuberculosis

-Hepatitis

- Aids
- Pediculosis/Scabies
- Measles, chickenpox
- Other

.If not covered previously, explain why the prison population is a target group for many of the infectious diseases.

-I.V. drug users

--homosexual and bisexual behavior

--Generally poor health

--Group and sometimes crowded living conditions

.Review the current Health Services Isolation Policy and Procedure with participants. Re:

- Housing
- Transportation
- Inmate education
- Reporting requirements

Discuss in greater detail specific contagious diseases as follows:

B. TUBERCULOSIS (T.B.)

General overview (review) of epidemiology of T.B.

.Incidence more prevalent in blacks, Asians, Pacific Islanders, Indians, Hispanics, prison inmates, IV drug users, and the elderly.

Modes of transmission

.The infection is carried in airborne particles (droplet nuclei) when infected persons sneeze, cough, speak or sing.

Control program

- .Inmate screening and testing
- .Timely diagnostic services
- .Preventive therapy
- .Isolation.

- . Screening (testing) of health care personnel.

- .Reporting and prompt investigating of outbreaks.

(Explain CD reporting requirements)

Physicians and other health care providers are required to report suspected and confirmed diagnosis of a number of communicable diseases.

Instructor should explain what needs to be reported and how it is done.

C. HIV (HUMAN IMMUNODEFICIENCY VIRUS)

General explanation of epidemiology of HIV

.Caused by a virus called Human Immunodeficiency virus.

.Some people infected with the virus die fairly quickly while others experience no illness for long periods of time.

Occupational Risk

. Risk to health care workers is low, however the seriousness of the illness requires precautions.

Modes of Transmission

. Bloodborne, sexually transmitted through:

-unprotected intercourse
with an infected person.

-needle sharing and needle
sticks involving infected
blood.

-Infected blood through an
open cut, weeping lesion or
possibly a blood splash in the
eye.

-Infected mother to fetus.

-Transfusions with infected
blood products.

-Breast feeding by an infected
mother.

Inmate Testing (HIV)

-Discuss facility policy
regarding inmate testing.

--Who can be tested?

--What is the procedure?

--Counseling (pre and
post testing)

--Handling of test
results including
security staff "need
to know" as it relates
to confidentiality and
sharing of positive
test results.

D. HBV (HEPATITIS B VIRUS)

Epidemiology of HBV

-Hepatitis B Virus

Mode of transmission

-Spreads primarily by fecal-oral contact (blood or blood derived body fluids).

Occupational Risk

.Assure that class understands that their exposure to hepatitis in the prison environment is greater than to HIV although the outcome of HIV exposure is generally more grave.

Precautions against exposure to both infections is necessary.

Note: Because of the similarity in the transmission of these two diseases, the control program and patient teaching that follows is applicable to both HIV and HBV.

Control Program for both HIV and HBV

.Employee Protection

Explain to class that employees in any occupation where they are exposed to body fluids are considered to be at substantial risk of occupational exposure to the bloodborne diseases (OSHA) Instruction CPL 2-2,44B, Feb 27, 1990, Washington, D.C.)

- . General guidelines
- . Universal precautions

Reminder to class that The term "universal precautions" refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV.

Inmate/patient teaching

. Discuss staff responsibility for patient education.

transparency # 11
12-13-14-15
transparency # 16
17-18-19-20-21

.Discuss the need to document patient teaching.

Engineering Controls

.Refers to the use of available technology and devices to isolate and/or remove hazards from the worker, such as:

- Use of puncture resistant sharps containers.

- Splash guards

- Mechanical pipetting

- Self-sheathing needles

Work Practice Controls and Personal Protection Equipment

Discuss available methods to reduce the likelihood of exposure to blood or other potentially infectious material. Include:

- Hand Washing, following removal of gloves and after contact with body fluids.

- The wearing, removal, storage, washing, disposal of personal protective equipment (gloves, gowns, face shields, masks, eye protection, mouth pieces).

- Needles/sharps...Used needles and other sharps should not be sheared, bent, broken, recapped, or resheathed by hand.

- Splashing/spraying...All procedures involving blood or other potentially infectious materials should be handled in a way as to minimize splashing and spraying.

Infectious Waste Disposal,

Discuss each of the following procedures:

- Use of closable, leakproof, labeled bags for infectious waste (Explain when double bagging would be required).
- Use of puncture resistant containers for disposal of sharps.
- Transporting of laboratory specimens.
- Tagging of containers/bags

Housekeeping/Laundry

Discuss responsibility for maintaining cleanliness of rooms where body fluids are present.

-Inmate workers responsible for cleaning these areas should be instructed to wear general purpose utility gloves.

-Initial clean-up of blood or other potentially infectious materials shall be followed with the use of an approved disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.

-Nursing staff shall have the overall responsibility for assuring proper cleaning.

. Contaminated laundry

Go over procedure for handling of contaminated laundry. For example:

-Contaminated laundry shall be bagged at the location where it was used.

-It shall not be rinsed in patient areas.

-It shall be placed and transported in bags that are labeled or color coded (show example).

Prevention of Communicable Diseases

Discuss the importance of health education and immunization as a preventive tool.

- Individual education programs
- Group programs
- immunizations

Instructor should share (dept. or facility) health education policy and procedure.

E. Employee Post-Exposure Evaluation and Follow-Up

Discuss:

.Employee right of access to a confidential medical evaluation.

.Follow-up of the source patient to determine presence of HIV and/or HBV status.

.HIV, HBV, T.B. testing of employees.

.Continued follow-up of exposed workers.

Discuss **process** for staff, whose jobs involve the risk of directly contacting blood or other potentially infectious materials, for receiving HBV vaccine and whether the vaccine is offered free of charge.

III. SANITATION

Trainer Notes

Trainer Outline

A. WHY IS SANITATION IMPORTANT
IN THE PRISON ENVIRONMENT?

(INSTRUCTOR SHOULD HAVE CLASS ANSWER AND PLACE ANSWERS ON FLIP CHART) ANSWERS SHOULD INCLUDE:

.Good sanitation reduces the risk of potential health problems (discuss).

Reduces the risk of legal action resulting from failure to identify and correct sanitation deficiencies

.Improves the living environment for inmates.

.Improves the employment environment for staff.

B. WHAT ARE THE KEY ELEMENTS FOR ASSURING GOOD SANITATION?

(DISCUSS EACH)

. Proper storage of clean linen.

-where is it stored?

-who can access clean linen?

. Proper cleaning of health care areas including patient rooms.

. Storage and transportation of soiled linen.

-where should it be stored?

-who may transport?

. Handling of linen, other supplies, human waste from isolation areas.

Terminal cleaning of cells following discharge of an infected inmate.

Overseeing cleaning assignments of the inmate workers.

Responsibility for continuous sanitation problem identification and reporting.

C. VERMIN CONTROL

-Discuss procedure if not covered previously. Refer to the treatment protocol.

Appendix 8

D. ENVIRONMENTAL CONCERNS IN THE HEALTH CARE AREA THAT REQUIRE CONSTANT AUDIT BY HEALTH CARE STAFF

(go over example checklist)

E. OTHER AREAS OF THE INSTITUTION..HOW ARE THEY EVALUATED?

.Routine scheduled departmental audits by administrative and support staff.

. Medical staff should be alert and report when they have environmental concerns about non-medical areas, e.g. ;

- kitchen
- living areas
- activity/training areas
- maintenance shops

Appendix 9

Discuss ACA standards

CONCLUSION:

IMPORTANT!!! STRESS THAT THERE IS AN ONGOING ROLE FOR ALL HEALTH CARE WORKERS TO KEEP A CONSTANT EYE OUT FOR ENVIRONMENTAL POLLUTANTS, RODENTS/PESTS, INFECTIOUS DISEASES, OTHER PROBLEMS AND HAZARDS THAT COULD AFFECT THE HEALTH AND WELFARE OF THE PRISON POPULATION AND STAFF.

[each class participant is a partner in the quest for a clean and healthy prison environment]

AND, FINALLY, THE INSTRUCTOR'S EXPECTATION IS:
SEE....TRANSPARENCY 22

WRITTEN TEST

1. STATE THREE DIFFERENCES BETWEEN PROVIDING HEALTH CARE IN A PRISON THAN IN A HOSPITAL OR DOCTOR'S OFFICE.

2. BRIEFLY EXPLAIN WHY IT IS IMPORTANT TO YOU PERSONALLY TO HAVE A POSITIVE RELATIONSHIP WITH CORRECTIONS STAFF.

3. STATE THE PRIMARY MODE OF TRANSMISSION OF HIV AND HBV.

4. WHY IS AIDS A MORE SERIOUS DISEASE THAN HEPATITIS B EVEN THOUGH YOUR CHANCE OF ACQUIRING HBV IS GREATER?

5. SPECIFY THREE (3) COMPONENTS OF UNIVERSAL PRECAUTIONS.

6. LIST THREE (3) MAJOR C.D. CONCERNS IN THE PRISON ENVIRONMENT.

7. LIST THREE (3) WAYS OF ASSURING GOOD SANITATION IN THE MEDICAL AREAS OF THE PRISON.

ON THE JOB TESTING WITH JOB COACH

1. HAVE EACH PARTICIPANT RETURN TO THEIR WORK LOCATION AND IDENTIFY AS MANY POTENTIAL SAFETY HAZARDS AS POSSIBLE. (FIRE, CAUSTIC MATERIALS, EQUIPMENT, PROCEDURES). THE JOB COACH SHOULD HAVE A LIST THAT SHE/HE HAS PREPARED AHEAD OF TIME TO EVALUATE THE PARTICIPANTS SUCCESSFUL IDENTIFICATION OF POTENTIAL HAZARDS.

2. HAVE EACH PARTICIPANT TAKE A BLANK COPY OF THE EXAMPLE EQUIPMENT CHECK LIST (TRANSPARENCY #5).

USE THIS LIST AS THE BASIS FOR IDENTIFYING WHICH EQUIPMENT IS USED IN THEIR PRESENT ASSIGNED WORK LOCATION AND WHERE IT IS LOCATED.

ANY OTHER EQUIPMENT LOCATED IN THE WORK AREA NOT LISTED ON THE EXAMPLE LIST SHOULD BE ADDED.

3. HAVE EACH EMPLOYEE TAKE AN EXAMPLE ENVIRONMENTAL/SANITATION CHECK LIST (TRANSPARENCY #13) AND MAKE ROUNDS IN THEIR ASSIGNED WORK AREA IN AN ATTEMPT TO IDENTIFY ANY PROBLEMS.

4. HAVE EACH PARTICIPANT LOCATE WHERE LABORATORY, INFIRMARY, DENTAL AND OTHER INSTRUMENTS USED BY HEALTH CARE STAFF ARE KEPT AND TO IDENTIFY THE PROCEDURE FOR ACCESSING AND RETURNING OF THESE INSTRUMENTS.

BIBLIOGRAPHY

1. Environmental Health Services in Correctional Institutions: Recommended Practices Institutions Section. National Environmental Health Association. Bailus Walker Jr., 1985
2. The Enforcement of Sanitary and Environmental Codes in Jails and Prisons, Daniel L. Skoler and Ralph Lowenstein. Adopted from a paper presented to the 33rd Annual Educational Conference, National Environmental Health Assn., June 22-27, 1974, Cincinnati, Ohio.
3. The Tragedy of Aids: A New Trial for Nursing Education. Linda Hodges and Gaye Poteet, Nursing and Health Care, December 1989. pp. 565-568.
4. Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings with Special Focus on HIV-Related Issues: CDC. MMWR 1990:39 (NO. RR-17)
5. Compliance Assistance Guidelines for the February 27, 1990 OSHA Instructions, CPL 2-2.44 B Enforcement Procedures for Occupational Exposure to Hepatitis B Virus and Human Immunodeficiency Virus-US Department of Labor, Occupational Safety and Health Administration, 1991.
6. The True Odds of Getting AIDS From A Patient: Jean Tribulski, RN.PhD.CNA. May 1988. pp. 64-70.
7. Some Pointers on Needle Safety: Kathleen McGovern, RN.BSN. Nursing, October 86, pp 58-59.
8. How to Care for an AIDS Patient: Deborah Coleman, RN.MS.CS. RN, July 1986, pp 16-21.
9. Infection Control Coordinator Training-A Leader's Guide, US Department of Justice. 830.32-004137. Available at the NIC Information Center, Boulder Colo.
10. AIDS: Current Implications and Impact on Nursing, Theresa Moran RN.MS. JIN-Vol 12-No. 4, pp 220-226.

RULES OF BODY MECHANICS

1. BROADEN YOUR BASE OF SUPPORT TO INCREASE STABILITY.
2. WORK AS CLOSE TO YOUR CENTER OF GRAVITY AS POSSIBLE.
3. BEND FROM YOUR HIPS AND KNEES, NEVER YOUR BACK.
4. HOLD OBJECTS TO BE LIFTED AS CLOSE TO YOUR CENTER OF GRAVITY AS POSSIBLE.
5. FLEX HIPS AND KNEES SLIGHTLY IN PREPARATION FOR ALL LIFTING AND MOVING.
6. ALWAYS STAND SO AS TO FACE YOUR WORK.
7. STABILIZE YOUR BODY AGAINST SOME STATIONARY OBJECT IN PREPARATION FOR MOVING OR LIFTING.
8. TIGHTEN YOUR ABDOMINAL AND GLUTEAL MUSCLES IN ADVANCE OF LIFTING.
9. USE YOUR BODY WEIGHT TO ASSIST IN MOVING AND LIFTING BY SHIFTING IT IN THE DIRECTION OF MOVEMENT.
10. ROLL, SLIDE, PULL OR PUSH AN OBJECT RATHER THAN LIFT IT.
11. IF YOU HAVE AN OPTION, PULL RATHER THAN PUSH.
12. USE YOUR ARMS AS LEVERS TO ASSIST IN LIFTING.
13. GET HELP WHEN YOU NEED IT.
14. USE VERBAL CUES TO SYNCHRONIZE ALL MOVING AND LIFTING. EVEN IF THE PATIENT CANNOT PHYSICALLY ASSIST, HIS AWARENESS IS IMPORTANT BECAUSE IT MAY PREVENT HIS BECOMING STARTLED AND ACTUALLY RESISTING YOUR EFFORTS.

APPENDIX 1.

SECURITY OF NEEDLES AND SYRINGES

DRAFT EXAMPLE ONLY

Note: Each facility should have a policy and procedure for the secure use of needles and syringes. This is an example only. Each facilities' current policy and procedure should be substituted for this draft.

POLICY: To provide for a consistent and reliable system **for** the security of needles and syringes within the institution.

PROCEDURE: There will be a tray for needles and syringes located in several secure locations within the health services area.

The specific locations where the individual trays can be found **follow**.

1. Med Room: The med room tray will be located on the third shelf of the first cabinet on the left **side** of the room. A sign out sheet for the tray is on a clipboard attached to the door of the cabinet.

2. Clinic: The clinic tray is located in the center locked cabinet. A sign out sheet is kept in the tray.

3. I.V.: The I.V. tray is located in the pharmacy/med room, on the bottom shelf to the left. The sign out sheet will be kept in the tray.

4. Back-up: A back-up tray will be located in the top drawer **of** the cabinet on the west wall of the **Pharmacy**. A sign out sheet will be in the tray.

The back-up tray is only to be used if the syringe and needle stock from trays in the other locations is depleted.

Sign out sheets accompanying each tray will list the number of each size syringe and needle in the tray.

The person using each item is to indicate usage on the sign-out sheets by initialing the appropriate slot for the used item.

EXAMPLE OF SYRINGE AND NEEDLE SIGN OUT SHEET FOLLOWS.
(SEE APPENDIX 2) Appendix # 2

EXAMPLE SIGN OUT SHEET
(NEEDLES AND SYRINGES)

TRAY MED ROOM

CONTENTS

<u>Syringes</u>		<u>Needles</u>		<u>Scalpels</u>
T.B.	30	25g 1 in	5	10 5
Insulin	50	23g 1 in	10	11 5
3cc	10	22g 1 in	5	15 5
6cc	5	21g 1.5 in	5	
12cc	5	20g 1 in	5	
20cc	2	18g 1.5 in	5	
60cc	2	Vac	5	

Sign Out

Syringes

T.B.	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
Insul	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
3cc	_____	_____	_____	_____	_____	_____	_____	_____	_____
6cc	_____	_____	_____	_____	_____	_____	_____	_____	_____
12cc	_____	_____	_____	_____	_____	_____	_____	_____	_____
20cc	_____	_____	_____	_____	_____	_____	_____	_____	_____
60cc	_____	_____	_____	_____	_____	_____	_____	_____	_____

Needles

25g. 1 in	_____	_____	_____	_____	_____	_____	_____	_____	_____
23g 1 in	_____	_____	_____	_____	_____	_____	_____	_____	_____
22g 1 in	_____	_____	_____	_____	_____	_____	_____	_____	_____
21g 1.5	_____	_____	_____	_____	_____	_____	_____	_____	_____
20g 1 in	_____	_____	_____	_____	_____	_____	_____	_____	_____
18g 1.5	_____	_____	_____	_____	_____	_____	_____	_____	_____
Vac	_____	_____	_____	_____	_____	_____	_____	_____	_____

Scalpels

10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____

Count Verification

Date _____ Shift 2200 Signature _____
 Shift 0600 Signature _____
 Shift 1400 Signature _____

Tray in _____

Tray out _____

EXAMPLE..... EQUIPMENT INSPECTION CHECK LIST

An employee will be assigned responsibility for assuring the availability and/or the operational safety/operating condition of the following equipment.

<u>EQUIPMENT</u>	<u>LOCATION</u>	<u># AVAIL.</u>	<u>COMMENTS</u>
HYFERCATOR	FIRST AID ROOM	_____	_____
GOMCO SUCTION	NURSES STATION	_____	_____
AIR SHIELD	NURSES STATION	_____	_____
AUTOCLAVE	AUTOCLAVE ROOM	_____	_____
OXYGEN TANKS	FIRST AID ROOM	_____	_____
OXYGEN TANKS	AUTOCLAVE ROOM	_____	_____
BLOOD PRESSURE CUFFS	FIRST AID ROOM	_____	_____
BLOOD PRESSURE CUFFS	DOCTOR'S OFFICE	_____	_____
BLOOD PRESSURE CUFFS	MEDICATION ROOM	_____	_____
BENNETT IPPB	NURSES STATION	_____	_____
BIRD	NURSES STATION	_____	_____
EMERGENCY RESPONSE EQUIP.	MEDICATION ROOM	_____	_____

**(Instructor should substitute or add equipment to the list as meets the actual inventory of equipment at their prison or explain that this is an example only and that the equipment list will vary by institution. It will be available at their work location).

(an example of the kind of equipment instructions the employee might find on the unit (in this case, the defibrillator)

OPERATIONAL CHECK...DEFIBRILLATOR

EVERY SHIFT

- . Verify that the instrument is connected to AC power, and that the "BATTERY CHARGING" LED is lit.
- . Check for adequate thermal paper in the recorder.
- . Check for presence of ECG leads, electrodes, and adequate REDUX electrolyte paste or defibrillator pads.

EVERY WEEK

DELIVERED ENERGY check:

- . Place the ENERGY SELECT control in the "100" joules position.
- . Verify that the adult paddle electrodes are installed.
- . Leaving the paddles in their holders, press either CHARGE button. Wait for the "CHARGE DONE" TONE TO SOUND AND THE "charge done" lamp to light and verify that the DELIVERED ENERGY display on the monitor registers "100" joules.
- . WARNING: Ensure that hands are kept clear of the paddle electrode edges; use thumbs to depress DISCHARGE buttons.
- . Grasp the paddle handles, and leaving the paddles in their holders, press and briefly hold both DISCHARGE buttons simultaneously. The DELIVERED ENERGY display will indicate the actual energy (+/- 10%) delivered into the internal 50 ohm test load. A brief automatic recorder run also provides documentation of the test. Notify service personnel if any delivered energy value other than "100" joules is indicated.

MONITOR/DISPLAY checks

- . Place the ENERGY SELECT control in the off position.
- . While pressing the SYNC/DEFIB button, turn the ENERGY SELECT control to the ON position. Release the SYNC/DEFIB SIZE button after three seconds.

- . The instrument is now in TEST MODE. The monitor will alternately display a triangle waveform and a step-wave pattern.
- . The triangle waveform should extend to within 1cm of the top and bottom edges of the display. Adjustments, if needed, should be referred to qualified service personnel.

R/WAVE SYNCHRONIZER check:

- . With the instrument still in test mode, press the SYNC/DEFIB button.
- . A marker pulse should appear with each positive and negative step during the step-wave portion of the test pattern. This ensures that the R-wave detection circuitry is operating properly.

RECORDER **CHECKS** AND ALARM checks should be made in addition to the above. Instructions for these checks should be added to the above operational check of the defibrillator and monitor.

See the HP 43100A SERVICE MANUAL for additional information.

**This example is for equipment used in the Oregon prison system. Every system will need to develop their own equipment checklists based on the type and manufacturer of the equipment that they use.

NOTE: Equipment checks by staff are essential but do not replace electrical, operational, **and** safety tests which should be performed by a qualified Biomedical Equipment Technician or equivalent service technician every 6 months.

NARCOTIC COUNT SHEET

MONTH _____ YEAR _____ **NARCOTIC COUNT SHEET**

DATE		DAY SHIFT	EVENING SHIFT	NIGHT SHIFT
1	in-coming off going			
2	incoming off going			
3	in-coming off going			
4	in-coming off going			
5	in-coming off going			
6	in-coming off going			
7	in coming off going			
8	in-coming off going			
9	in-coming off going			
10	in-coming off going			
11	in-coming off going			
12	in-coming off going			
13	in-coming off going			
14	in-coming off going			
15	in-coming off going			

EXAMPLE.....

ENVIRONMENTAL/SANITATION CHECKLIST FOR HEALTH CARE STAFF

WATER ACCUMULATION AND LEAKAGE (explain problem and location)

WATER DAMAGE *to* INTERIOR AND EXTERIOR WALLS AND CEILINGS
explain problem and location)

ELECTRICAL **SYSTEM NOT FUNCTIONING** PROPERLY
explain problem **and** location)

PROBLEMS WITH TEMPERATURE/VENTILATION (state problem & location)

POOR SANITATION (state where and what the problem is)

SIGHTING **OF** PESTS OR RODENTS (what kind and where?)

INFIRMARY *OR* OTHER HEALTH CARE **AREAS IN NEED OF CLEANING**
(state where)

WINDOWS/WINDOW SCREENS NEED REPAIR/CLEANING (state the problem)

INFORMATION FOR THE PARTICIPANT RE: AMERICAN CORRECTIONAL STANDARDS RELATIVE TO HEALTH AND SAFETY ISSUES.

THE AMERICAN CORRECTIONAL ASSOCIATION HAS DEVELOPED STANDARDS FOR CORRECTIONAL FACILITIES. WHILE THESE ARE NOT MANDATORY, THEY ARE USED IN LEGAL ACTIONS AS A GUIDE IN DETERMINING WHETHER A PRISON FACILITY IS OPERATING IT'S FACILITIES APPROPRIATELY.

THE EXAMPLES BELOW PROVIDE THE CLASS PARTICIPANT WITH AN OVERVIEW OF SOME OF THE PRISON STANDARDS THAT APPLY TO HEALTH AND SAFETY ISSUES. STANDARDS BOOKS ARE AVAILABLE AT TEE PRISON LOCATIONS.

SANITATION INSPECTIONS....3-ALDF-4D=01..."written policy, procedure and practice require the following inspections:

.weekly sanitation inspections of all facility areas by a qualified departmental staff member.

.comprehensive and thorough monthly inspections by a safety/sanitation specialist.

.at least annual inspections by federal, state, and/or local sanitation and health officials or other qualified persons".

HOUSEKEEPING....3 ALDF-4D-04.... "there is a written plan for the control of vermin and pests that includes, at a minimum, monthly inspections by a qualified person."

"a written housekeeping plan for all areas of the facility's plant provides for daily housekeeping and regular maintenance by assigning specific duties and responsibilities to staff and inmates."

FOOD SERVICE....3-ALDF-4C-11...."written policy, procedure, and practice provide for adequate health protection for all inmates and staff in the facility and inmates and other persons working in the food service, including the following:

1. ". . . .medical examination and periodic reexamination to ensure freedom from diarrhea, skin infections, and other illness transmissible by food or utensils..."

2. "....all food handlers are instructed to wash their hands on reporting to duty and after using toilet facilities...."

3. "Inmates and others working in food service are monitored each day for health and cleanliness by the director of food services (or designee)."

BODY MECHANICS

- M** **MAKE LEGS DO THE WORK**
- E** **EXPLAIN WHAT YOU ARE DOING**
- C** **COUNT 1-2-3**
- H** **ALWAYS TRY TO HELP OTHERS**
- A** **ASSESS LOAD**
- N** **NEVER LIFT IF YOU CAN PUSH OR
PULL**
- I** **IN CLOSE -- DON'T REACH**
- C** **CHANGE POSITIONS BY PIVOT, NOT
TWIST**
- S** **STANCE -- BROAD BASE OF SUPPORT**

SAFETY

WHAT IS
THE EMPLOYEE'S ROLE
IN ENSURING
PATIENT SAFETY AND IN
PREVENTION OF
INJURIES (FALLS,
BURNS, OTHER
INJURIES)?

DIRECTION?
REPORTING?
TRAINING?

ALL OF THE ABOVE?

DISCUSSION TOPICS

A. PATIENT FALLS

B. ORTHOPEDIC
DEVICES (CRUTCHES,
WALKERS, ETC.)

C. HOYER LIFT

D. TRACTION

E. K. PAD

F. HEAT LAMP

G. INFRA-RED LIGHT

H. HYDROTHERAPY
POOL

I. MECHANICAL
RESTRAINTS

J. OTHER

EXAMPLES OF EQUIPMENT REQUIRING CHECKING ON A REGULAR BASIS

- o HYFERCATOR
- o SUCTION
- o AUTOCLAVE
- o OXYGEN TANKS

- o BLOOD PRESSURE
CUFFS

- o BENNETT IPPB

- o BIRD

- o EMERGENCY
RESPONSE

- o OTHER

REMINDER!!!

"ALL FLAMMABLE,
TOXIC, AND CAUSTIC
MATERIALS SHOULD BE
STORED IN SECURE
AREAS.

. INMATES SHOULD
NEVER POSSESS SUCH
ITEMS UNLESS UNDER
THE CLOSE
SUPERVISION OF
QUALIFIED STAFF."

HEALTH CARE STAFF, IN
THE COURSE OF THEIR
DUTIES THROUGHOUT
THE INSTITUTION
SHOULD REPORT ANY
CONCERNS OR
POTENTIAL ABUSE IN
THE USE OF
FLAMMABLE, TOXIC
AND CAUSTIC
SUBSTANCES.

EXAMPLES INCLUDE:

GASOLINE.....LACQUER

ALCOHOL.....FUEL

CLEANING SOLVENTS

PAINTS.....MINERAL OIL

AMMONIA....CHLORINE

HERBICIDES

PESTICIDES.....LYE

MURIATIC ACID

SULFURIC ACID

CONTROLLED SUBSTANCES

- o INVENTORY LEVELS
- o DEPLETION OF
INVENTORY
- o DISCONTINUED
CONTROLLED DRUGS
- o OUTDATED
CONTROLLED DRUGS
- o STAFF ACCESS TO
CONTROLLED DRUGS

GENERAL GUIDELINES: DISEASE EXPOSURE

BE CAREFUL!

THINK WHEN
RESPONDING TO
EMERGENCY CALLS

EXERCISE COMMON
SENSE!!

SOAP AND WATER
KILLS MANY VIRUSES
ON CONTACT.

WASH YOUR HANDS
OFTEN AND WELL.

AVOID NEEDLESTICKS,
CUTS OR OTHER
PUNCTURES OF THE
SKIN.

EXERCISE PARTICULAR
CAUTION WHEN
WORKING AROUND
NEEDLES OR MEDICAL
INJECTION EQUIPMENT.

FACE & HANDS:

POCKET MASKS AND
RUBBER GLOVES TO
PREVENT EXPOSURE TO
DISEASE VIRUSES
DURING CPR AND
OTHER MEDICAL
PROCEDURES WHEN
CONTACT WITH BLOOD
OR BODILY FLUIDS IS
INVOLVED.

EVERY PERSON YOU
HANDLE MAY BE A
CARRIER OF A DISEASE.

REMEMBER THESE
IMPORTANT
GUIDELINES!!

*Center for Disease Control
Supplemental Report MMWR 8-21-87*

UNIVERSAL PRECAUTIONS

1. GLOVES SHOULD BE WORN FOR TOUCHING BLOOD AND BODY FLUIDS, AND SHOULD BE CHANGED AFTER EACH CONTACT.

WHENEVER PRACTICAL, MASKS AND PROTECTIVE EYEWEAR, GOWNS OR APRONS, SHOULD BE WORN DURING PROCEDURES THAT GENERATE SPLASHES OF BLOOD OR OTHER BODY FLUID .

2. HANDS AND SKIN SURFACES SHOULD BE WASHED IMMEDIATELY AND THOROUGHLY IF CONTAMINATED WITH BLOOD OR OTHER BODY FLUIDS.

HANDS SHOULD BE WASHED IMMEDIATELY AFTER GLOVES ARE REMOVED.

3. WORKERS SHOULD
TAKE PRECAUTIONS TO
PREVENT INJURIES
CAUSED BY NEEDLES,
SCALPELS, AND OTHER
SHARP INSTRUMENTS

NEEDLES SHOULD
NOT BE RECAPPED,
BENT OR BROKEN BY
HAND

AFTER USE, NEEDLES
SHOULD BE DISPOSED
OF IN PUNCTURE
RESISTANT CONTAINERS

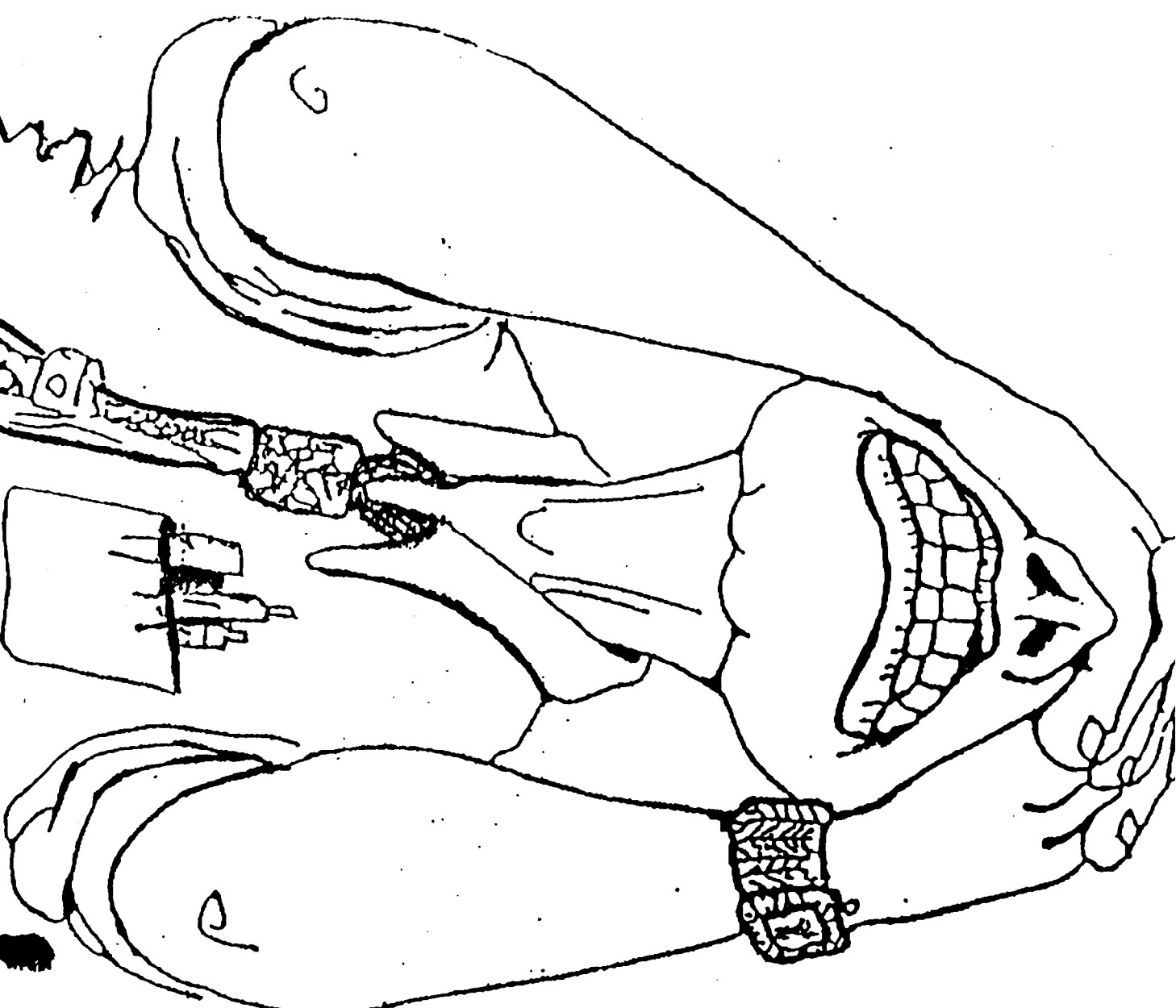
4. ALTHOUGH SALIVA HAS NOT BEEN IMPLICATED IN HIV TRANSMISSION, MOUTHPIECES OR OTHER VENTILATION DEVICES SHOULD BE AVAILABLE FOR USE IN RESUSCITATION.

5. WORKERS WHO HAVE OPEN SORES OR DERMATITIS SHOULD REFRAIN FROM DIRECT PATIENT CARE AND FROM HANDLING PATIENT-CARE EQUIPMENT UNTIL THE CONDITION IS RESOLVED.

CUTS MAY BE COVERED WITH ADHESIVE BANDAGES THAT REPEL LIQUIDS.

6. PREGNANT
WORKERS SHOULD BE
ESPECIALLY FAMILIAR
WITH AND STRICTLY
ADHERE TO
PRECAUTIONS.

Center for Disease Control



OH NO!

YOU DID IT

JUST LIKE I

TOLD YOU TO

VIDEO

AIDS INFECTION

Control & Management in the
Dental Office

Part I & II

Copyright: 1987

Length: 57 minutes

Video Summary

Developed for physicians by UCSF (Univ. of Cal. at San Francisco)

Part I: 28 minutes

AIDS is the most catastrophic epidemic in history.

- a. No end is in sight
- b. a vaccine is far off in the future
- c.** it is 100% lethal
- d. it is virtually untreatable - no effective treatment

The dental profession is treating known and unknown risk patients. As such, they need to be concerned about:

- a** protecting themselves
- b. protecting their office personnel
- c. protecting their patients

Dentists are also involved in the recognition of the disease.

The video reviews:

1. "Where we've been"
2. "Where we are"
3. "Where we're going"

Just the 'tip of the iceberg' at the time of this video production:

July 1986

22,000 cases reported to the CDC

Feb. 1987 31,000 cases
 1990 ?250,000 cases

Those cases recorded are those who have an opportunistic infection or immune deficiency associated malignancy.

ARC: people who have been infected, have certain signs and symptoms, and are at high risk for-transmitting the virus as well as coming down with AIDS.

CARRIERS: people who may be asymptomatic but are infected.

HIGH RISK INDIVIDUALS
(RELATED TO BEHAVIOR, not to race, color, etc.)

- | | |
|---|------|
| 1. Sexually active homosexuals
(particular target group - gay
& bisexual males) | 73% |
| 2. IV drug users | 17% |
| 3. Blood product recipients | 2% |
| 4. Women prostitutes
(Has increased in past year from
4% to 7%) | 7% |
| 5. Heterosexual population
(mainly through prostitution & IV
drug users) | 0-1% |

Problem: the increasing use of IV drugs---in trying to control this disease by behavioral modification, have the greatest difficulty reaching/impacting the IV drug users.

At the time of this video production, there were 300 cases of children (under the age of 13) - usually infected through being born from a mother who is a prostitute or IV drug user or through receipt of contaminated blood.

REVIEW OF THE BIOLOGY OF
THE AIDS VIRUS

Offered to better understand the clinical picture of AIDS and its oral manifestation.

HIV was originally an animal virus that has mutated & eventually gotten into mankind to cause infection.

It is a slow virus - not very virulent and the inoculation is dose-related. It has a long incubation period. The infection is related to the number of organisms. The virus enters the host cell through cell transmission. The virus may :

1. be neutralized and the host does not become infected (neutralizing antibody)
2. the host becomes infected and develops antibodies (this does not necessarily mean the patient will be able to transmit the virus or become ill but all are at risk).
3. become incorporated in the host genetic material (DNA) and stay there for months and years (dormant), or this protein can be reactivated then the patient becomes viremic and infected and manifests signs & symptoms.

Why homosexual males and IV drug users??? Because of their behaviors.

PROFILE OF SUSCEPTIBLE PEOPLE

- A. History of gonorrhea, syphilis, Hepatitis B infection (all of which may reflect their behavior)
- B. Recreational drug users - some of these drugs can cause transient immunosuppression.
- C. Infection with Herpes family viruses, as well as Epstein-Barr virus

Why is it irreversible and fatal??

It has a predilection for lymphocytes --- a certain type of lymphocytes: Helper/inducer T4 cells (the basic modulator of our immune system). The virus kills these cells causing irreversible immunosuppression leading to death---usually due to opportunistic infections but also due to malignancies.

The virus also has a predilection for growing in CNS (Central Nervous System) cells which serve as a reservoir---so meds will need to be given into the Cerebrospinal Fluid.

However, the virus can be found in other fluids:

BLOOD, TEARS, BREAST MILK, VAGINAL FLUIDS, URINE, SEMEN, SALIVA (raising concerns for the dental profession).

Next a look at the oral, clinical manifestations as a clue to risk status and then discuss guidelines. After that, referral for appropriate counselling can be done.

DENTAL SIGNS & SYMPTOMS

1. **Kaposi's Sarcoma**
Common on the skin of the head & neck: a vascular malignancy: pt. usually dies within 2 yrs of the diagnosis: presents as a bluish stain on the palate, gingiva, or tongue: over 50% of all cases have oral, manifestations: can be nodular with pain & dysphagia and dysphasia due to swelling.
2. *Herpes*
3. **Candidiasis**
Appearance of surface white colonies or red changes. It is the most common opportunistic infection: 40% of the population can be carriers of *Candida albicans*. It is a fungal condition. Other conditions can predispose to Candidiasis.
4. **Condylomata**
Venereal warts: highly infectious. Oral, genital & anal **cases** can occur and must be treated concurrently.
5. **Memory loss**
6. **Hairy Leukoplakia**
Has a corrugated appearance: is sexually transmitted, primarily with gay males. It has a white plaque on one or both sides of the tongue. In a **study**, 100% studied were growing the virus. Suspect it **when there** is unexplainable periodontal disease *in* a young person.

Found *in* greater than 20% of gay and bisexual male patients.
- 7.. Lymph node syndrome
Cervical or axillary lymph nodes for greater than 1 mth duration.

Next there are a number of illustrations of cellular morphology via slides

END OF PART I

PART II

AIDS: INFECTION DISEASE CONTROL IN THE DENTAL OFFICE

AIDS INFECTION CONTROL AND MANAGEMENT

Squamous cell CA of mouth is also being found: the average age in the general population is 60 y/o---the average age with AIDS victims is 36 y/o.

Radiation therapy is 'the most common treatment for Kaposi's Sarcoma.

Many people with ARC or AIDS are relatively asymptomatic; they are seeking quality-of-life services.

One of the main complaints of AIDS patients can be "sore mouth".

There are 3 forms of treatment for Candidiasis:

1. Topical
 - * a. Nystatin
 - * b. Clotrimazole
2. Systemic
 - * a. Ketoconazol

Herpes infections treatment: "anything that works"---Vitamin c, Lysine, some anti-inflammatory agents or corticosteroids. Anti-viral treatment: Acyclovir 200 mg tab, tabs 5 per day until signs or symptoms disappear.

INFECTION CONTROL GUIDELINES

1. BARRIER TECHNIQUES
2. STERILIZATION
3. DISINFECTION
4. PREVENTING CROSS CONTAMINATION

BARRIER TECHNIQUE

- A. Thorough HANDWASHING
- B. Use of GLOVES for every patient
- C. GLASSES/GOGGLES for splatter
- D. MASK for aerosol or splatter
- E. CLOTHING (aprons and gowns)

STERILIZATION

or

DISINFECTION

Destroys ALL forms
of microbial agents
Recommend: heat
sterilization when
practical or poss.

Includes
agents that
are tuberculo-
cidal

COLD Sterilizing Solutions can be effective for soaking
equipment: Cidex, Iodines, Chlorox, Phenols

Summation: an overview of AIDS and how it affects oral
health care delivery and the dental office. Millions of
cases are predicted. Legally, ethically, and morally all are
obligated to render care; therefore, everyone MUST follow
infectious disease control guidelines.

Reviewed by:

CLAUDIA A. WILSON
February 1991

VIDEO

UNIVERSAL PRECAUTIONS

FOR

HOSPITAL PERSONNEL

copyright: 1988

Length: 23 minutes

Video Summary

Universal Precautions evolved from a concern over the spread of AIDS and Hepatitis B

May 22, 1987 3 health care infectees following a single exposure to blood (AIDS contaminated) with-
CDC released out a needle stick
info re: [previously 6 cases reported]

Of the 3 cases:

1. Lab worker - a vacuum sealed test tube **container burst** splashing blood in the face and mouth; the worker WAS wearing gloves & glasses.
2. ER Nurse - applied pressure X 20 min. to a site where a catheter had been removed from an artery: the nurse WAS NOT wearing gloves.
3. Lab worker - whose hands & forearms were splattered with blood from a blood separation machine that broke: worker may have touched inflamed ear before washing; WAS NOT wearing gloves.

CDC recommends that all health care workers need to consider every patient a health contact risk for AIDS & Hepatitis B

OHSA (Occupational Health & Safety Administration) mandates to all health care institutions:

1. educate all health care workers re: their risk of acquiring Hepatitis B or AIDS through the course of their employment.
2. to provide all the needed equipment to protect the employee.

INCORPORATE UNIVERSAL PRECAUTIONS INTO NORMAL PRACTICE

Hepatitis B is the major infectious health care hazard in the health care industry HBV (Hepatitis B Virus)

as many as 18,000 health care workers/yr become infected with HBV

as many as 10% become long term carriers & may have to give up their professions

Hundreds will become acutely ill from HBV

as many as 300 health care workers may die annually as a result of Hepatitis B infections

HIGH RISK HEALTH CARE WORKERS (those in areas with potential for more exposure to large amounts of blood or body fluids) SHOULD CONSIDER HEPTOVAC vaccination

HEPTOVAC (or Recondovac) is administered in 3 doses:

1. initial dose
2. second dose 1 mth later
3. last dose 6 mths later

Hepatitis B Immune Globulin can be given for immediate protection from a known exposure

AIDS (Acquired Immunodeficiency Syndrome) is a small but real hazard---it is caused by HIV (Human Immunodeficiency Virus)

HIV can cause:

1. AIDS
2. ARC (AIDS Related Complex)

or

3. others can carry the virus while remaining in good health---but can transmit the virus

CDC estimates that 1.5 million people are currently infected with HIV but AIDS cases may grow to 270,000 by 1991 in the general population [7 times the number recorded at the time of this video production]

With increased risk for-exposure to contaminated blood for health care workers, routine AIDS testing is suggested by many as a solution to possible transmission of AIDS. Some advocate that all patients be tested and Universal Precautions be established for those identified. THIS IS INEFFECTIVE BECAUSE:

1. in emergency rooms, patients **must** be treated promptly before blood test reports are **available**
2. window period of infectability - it takes **a** person 6 - 8 weeks to produce an antibody to HIV which would **be** detected in a blood test

ROUTINE TESTING OF PATIENTS OR PERSONNEL IS NOT RELIABLE & SHOULD N-B-V-E-R BE USED AS A SUBSTITUTE FOR UNIVERSAL PRECAUTIONS!!

Both HIV & HBV are transmitted through sexual contact, exposure to infected blood & body fluids **as** well as from mother to child during pregnancy

CONTACT WITH BLOOD IS THE GREATEST RISK

Urine, feces tears, saliva, vaginal secretions, semen, & spinal fluid can also carry the virus but in lower concentrations---there is always the possibility that blood maybe present in these body fluids

There is no evidence that casual contact can cause transmission of either **HIV** or **HBV**

Pregnant workers are considered at no higher risk

OVERVIEW OF UNIVERSAL PRECAUTIONS

1. HANDWASHING - is the single most effective means of preventing any infection. Consider severely chapped skin or dermatitis as problematic.

WHEN TO WASH;

- a. Before and after every patient contact
- b. Before and after use of equipment
- c. Before and after preparing food or meds
- d. Before and after performing any personal bodily functions such as combing hair, eating, smoking or wiping nose and after use of the restroom
- e. After arriving at work and before leaving the work setting

2. USE DISPOSABLE SUPPLIES - place soiled supplies in plastic bags: use 1:10 bleach concentration (1 part bleach to 10 parts water) as an effective disinfectant.

3. PROTECTIVE CLOTHING - dictated by each task: make a judgment with every situation. PROTECT SKIN, EYES, NOSE & MOUTH.
- a. disposable exam gloves
 - 1) for only one patient contact
 - 2) for venipunctures or ANY vascular access situation
 - 3) for emptying any body fluids or discarding any contaminated material
 - b. gowns - wear plastic aprons where any penetration is expected. Wear gowns where any splashes to clothing is likely, i.e., for cleaning an incontinent patient or for post-mortem care.
 - c. protective eyewear - glasses or goggles: where eye splash is likely: goggles may be reused if there is no previous splatter. Use for suctioning.
 - d. mask - for nose or mouth splash, particularly with invasive procedures which are defined as surgical entry into tissues or cavities which would include entry into the vagina or C Section deliveries, cardiac catheterizations, dialysis, tooth extraction, angiograms.
 - e. face shields - for anticipated aerosols or bone chips (i.e., in the OR).

***Newborn care requires the use of gloves until ~~after~~ the first bath and removal of vaginal secretions.

For assisting with autopsies: full gear is required [eye shields, mask, gown, gloves]

Consider cost containment when using protective barrier supplies and garb---use as needed but do NOT cut corners.

Patients can become intimidated by all the protective gear: a simple explanation in a positive tone may allay the patient's anxiety.

SHARPS OBJECTS

Prevent injuries

SYRINGES: no recapping, bending, or breaking by hand
discard sharps disposal containers when they are 2/3 full; do not overfill; overfilling is a risk.

CPR use mouthpieces or resuscitation **bags**; no one has gotten **AIDS as a** result of CPR: use protective mouth pieces during training

LAB

Additional precautions:

1. use care with the outside of containers.
2. all persons should be wearing gloves when handling specimens.
3. a biological safety hood should be used where applicable, i.e., with expected droplet contamination.
4. use mechanical pipeting devices (never to be done by mouth).
5. decontaminate surfaces (use disposable gloves and disposable towels).
6. decontaminate equipment before sending it for repairs.

Miscellaneous:

Use gloves when cleaning toilets or spills.

Wear gowns if large spills are involved.

Handle soiled linen minimally: bag it all where used.

ACCIDENTAL EXPOSURE

Wash the area.

Report the incident promptly:

- a. which patient
- b. type of exposure
- c. which body fluid involved.

Reviewed by:

CLAUDIA A. WILSON
February 1991

