The UCLA policy on Universal Precautions should be understood and followed by all employees. It requires the application of blood and body fluid precautions for all patients regardless of diagnosis. Universal precautions were designed to protect health care workers from blood-borne diseases. In general, these precautions involve use of barrier devices such as gloves for anticipated contact with blood and certain body fluids.

If you believe you have been exposed to Blood or Body Fluids:

1) Wash the wound or contaminated area with Soap & Water.
2) There is no need for bleach or peroxide.
3) You need to be seen within two hours of the injury to be potentially started on Medication.

**Blood and Body Fluids to Which Universal Precautions Apply**

Blood is the single most important source of HIV, HBV and other blood-borne pathogens in the occupational setting -- prevention of transmission must focus on blood and other body fluids containing visible blood. Universal precautions also apply to: semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial and amniotic fluids, tissues, and any body fluids in a situation where it is difficult to differentiate between types of fluids, such as in emergency response.

OSHA regulations on blood-borne pathogens cover only these substances, and refer to them as "blood and other potentially infective materials."

Body substance precautions take universal precautions one more step and require the same barrier precautions for all moist body substances, not just those associated with transmission of HIV and HBV (i.e., would include respiratory secretions, urine, etc.). Since many patients' secretions become colonized with organisms (often resistant organisms) prior to any symptoms of illness, this practice can decrease transmission before a patient is isolated for an infection.

I. General Procedures

A. Each individual needs to evaluate his own interactions with the patient and use barriers (gowns, gloves, masks, etc.) as appropriate based on anticipated contact with body substances, not simply based on presumed diagnosis of infection. The decision to use barrier precautions should also include an assessment of the individual's skill in handling the particular procedure.

B. Additional isolation is required for known or suspected specific diseases and is listed in section E of the Medical Center Infection Control Manual which is located in every patient care area.

Remember, most patients are colonized with organisms long before the patient is actually infected and a culture is sent. Therefore, all secretions can be reservoirs for organisms which can cause infections if transmitted to other susceptible hosts. This is particularly true in ventilated and ICU patients.

II. Specific Procedures
A. Handwashing

1. Handwashing before and after contact with every patient is the single most important means of preventing the spread of infection.
2. Hands must be washed even when gloves are used.
3. If hands do come in contact with blood, body fluids or excretions, they should immediately be washed with soap and water.

B. Sharps

Sharp objects should be handled in such a manner as to prevent accidental cuts or punctures. Do not bend, break or otherwise manipulate by hand any used needles. Do not recap using two hands. If a needle must be recapped to facilitate safe transportation, put the cap on a flat surface, remove hand from cap and recap the needle using one hand. Sharps should be discarded immediately after use into a closable, labeled, impervious needle disposal box (placed in all clinical areas, including patient rooms).

C. Laboratory Specimens

Specimen containers should only be handled wearing gloves. Soiled containers should be cleaned with a disinfectant before transport. In a rush situation when outside cleaning cannot be done prior to transport, place the specimen container in a bag and label it with a biohazard label.

D. Gloves

Gloves must be worn for anticipated contact with blood and body fluids or contaminated items, for all vascular access procedures and for any contact with mucous membranes or non-intact skin. Wash hands immediately after gloves are removed. Hypo-allergic gloves are available.

E. Gowns

Gowns or plastic aprons are indicated if clothing is likely to be soiled with blood, body fluids or other moist body substances. Do not reuse isolation gowns. Do not leave used isolation gowns hanging at bedside.

White fluid-resistant gowns are available and should be worn whenever one anticipates soaking contact. Yellow cloth gowns may be used when less moisture is anticipated.

F. Masks and Protective Goggles

Masks and protective goggles should be worn whenever aerosolization or splattering is likely to occur such as in most dental and surgical procedures, wound irrigations, suctioning intubated patients, bronchoscopy and post-mortem examination.

TB masks: Use the cupped 3M Particulate Respirator Mask 1814, hospital #1798 (white) if active TB is known or suspected (required by CAL/OSHA).

3M High Efficiency Respiratory Mask #9970, hospital #1740 (purple snout) is worn when aerosolized Ribavirin or Pentamidine is administered. Dispose in "chemo" trash. Follow fitting instructions on wrapper.

Regular "surgical" masks: wear for non-TB respiratory isolation cases, or for anticipated splashing or aerosolization of blood or body fluids.

Goggles and face shields should also be available in all areas where splashing may occur.
Lack of availability of adequate protective equipment in any clinical area should be reported to the infection control department at (310) 825-9146.

**Management of Needlesticks and Other Potential Blood-borne Pathogen Exposure Incidents (For Students)**

A. Healthcare workers (HCWs) sustaining an exposure should immediately flush the exposed area with water and report the incident to the supervisor.

B. The HCW is evaluated through the Occupational Health Facility (OHF) during working hours and at the Emergency Medical Center after hours.

C. The HCW brings the source’s name and hospital number to the evaluating facility.

D. If initial management is in the Emergency Medical Center, a follow-up visit in OHF is usually necessary to review blood tests and provide continuity of care.

E. The source is evaluated for possible risk factors for blood-borne diseases, as well as for hepatitis B surface antigen (HBsAg) status and HIV status. The physician orders Hepatitis B surface antigen (HBsAg) and HIV on the source if this information is not available. Written consent must be obtained before HIV testing. If a patient is unable to give or refuse consent, a sample of blood drawn for other reasons may be stored if arrangements are made with the laboratory.

F. The HCW exposure evaluation will include review of hepatitis B vaccine status and serological testing or prophylaxis as indicated. AZT prophylaxis is controversial, but persons considering this need to be evaluated within hours of the exposure so that treatment, if elected, can begin soon after exposure.

G. Follow-up care when the source is HIV positive.
   1. The HCW is counseled regarding the risk of infection and precautions to be observed.
   2. Clinical and serologic evaluation of the HCW is offered.
   3. The HCW is advised to report any acute febrile illness which occurs within 12 weeks of the exposure.
   4. Initially seronegative HCWs should be retested at 3 and 6 months post-exposure.

H. The Infection Control Department has someone on-call who can answer questions if you have problems. Please call (310) 825-9146.

**Work Restrictions When You are Sick**

*Conjunctivitis, Infectious*

No direct patient contact until discharge ceases. Viral conjunctivitis can be particularly infectious and has been associated with epidemics in hospitals.

*Diarrhea*

Personnel with acute illness which is severe, accompanied by other symptoms (such as fever, abdominal cramps or bloody stools), or lasts longer than 24 hours should be excluded from direct patient care pending further evaluation. Personnel with *Salmonella* should not care for high risk patients until stool cultures are *Salmonella*-free on two consecutive specimens.
**Group A Streptococcal Disease**

Personnel with a sore throat should be evaluated and have a throat culture if strep is possible. Anyone suspected of having a group A strep infection at any site should be removed from direct patient care until infection is ruled out by test or until 24 hours after start of effective therapy.

**Exposure to Varicella (chickenpox) or Zoster (shingles)**

The same virus (varicella-zoster) causes both diseases. This herpes virus can become latent after primary infection (chickenpox) and re-activate along a nerve route (shingles) at some later time. If you are exposed to either infection and do not remember having had either infection in the past, you need to inform your supervisor. Your titer must be checked. If you are not immune, you must refrain from patient care during the incubation period. Notify Infection Control.

**Herpes Simplex**

- **Genital:** No work restrictions.
- **Hands (herpetic whitlow):** No direct patient contact until lesions heal.
- **Orofacial:** Cannot care for high risk patients (NICU) without clearance. Persons with multiple facial lesions should refrain from patient care until lesions are healed.

**Respiratory Infections**

Health care workers are reminded that even mild colds in adults may be caused by viruses which can result in severe infections to others. Respiratory syncytial virus (RSV) can cause life-threatening pneumonia in patients under 2, particularly patients with underlying cardiac or pulmonary problems. RSV is spread by contact with respiratory secretions (not respiratory transmission). RSV in healthy adults and older children appears as a common cold. Influenza is spread via the respiratory route, at the beginning of the illness when you may not feel sick enough to stay home.

If you must work with a respiratory infection, please heed the following:

- Remember, most infections are spread by contact. Use meticulous handwashing every time you have contact with your own secretions and before any patient contact.
- Masks are ineffective if they become wet. They should be changed at least every half hour. In this case they must be one time use only. If hung around your neck they become great reservoirs for bacteria and viruses.
- If you have a respiratory infection which is causing copious amounts of secretions, stay home. It probably will be impossible to adequately contain them. This is particularly important with high risk patients, especially with immunosuppressed patients and in pediatric areas. You cannot tell from your symptoms if you have a fairly innocuous rhinovirus infection, or an infection with RSV, adenovirus or some other pathogen which could have grave consequences if transmitted to a hospital patient.
- Influenza vaccine is offered every fall and is highly recommended for all health care workers.