Universal Precautions for Handling Blood/Body Fluids.

Overview

Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections. Faculty and staff are to use universal precautions and infection control techniques in all situations that may present the hazard of infection. Diligent and proper hand washing, the use of barriers (e.g., nonlatex gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.

Applying the Concept of Universal Precautions

When applying the concept of universal precautions to infection control, all blood and body fluids are treated as if they contain blood borne pathogens, such as the human immunodeficiency virus (HIV) and hepatitis B virus (HBV). HIV and HBV can be found in:
- blood
- spinal fluid
- synovial fluid
- vaginal secretions
- semen
- pericardial fluid
- breast milk
- peritoneal fluid
- amniotic fluid
- pleural fluid

Hepatitis B Virus (HBV). HBV (not HIV) is also found in saliva and other body fluids such as urine, vomitus, nasal secretions, sputum, and feces. It is not possible to know if someone’s body fluids contain blood borne pathogens therefore, all body fluids should be considered potentially infectious. Thus, all students, faculty, and staff when handling or encountering any blood or body fluids should observe universal precautions.

Hand washing

Diligent and proper hand washing is essential to infection control.

Hands should be washed:
- Immediately before and after physical contact with a student (e.g., diaper changes, assisting with toileting, assisting with feeding).
- Immediately after contact with blood or body fluids or garments or objects soiled with body fluids or blood.
- After contact with used equipment (e.g., stethoscope, emesis basin, gloves).
- After removing protective equipment, such as gloves or clothing.

Procedure

1. Remove jewelry and store in a safe place prior to initial hand washing (replace jewelry after final hand washing).
2. Wash hands vigorously with soap under a stream of running water for approximately 10 seconds.
3. Rinse hands well with running water, and thoroughly dry with paper towels.
4. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes, “handi-wipes,” or instant hand cleaner may be used.
Ways to Avoid Contact with Body Fluids

**Gloves:** When possible, avoid direct skin contact with body fluids. Disposable single use, waterproof gloves are available in each emergency kit in all classrooms. The use of gloves is intended to reduce the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to employee, employee to student, or employee-to-employee. Gloves should be worn when direct care may involve contact with any type of body fluids. Such as but are not limited to: caring for nose bleeds, changing a bandage or sanitary napkins, cleaning up spills or garments soiled with body fluids, disposing of supplies soiled with blood, or any procedure where blood is visible. Gloves should also be worn when changing a diaper, catheterizing a student, or providing mouth, nose or tracheal care. After each use, gloves should be removed without touching the outside of the glove and disposed of in a lined waste container. After removing the gloves, the hands should be washed according to the above hand washing procedure. *Do Not Reuse Gloves*

**Accidental Exposure**
Accidental exposure to blood, body products, or body fluids places the exposed individual at risk of infection. The risk varies depending on the type of body fluid (e.g., blood vs. respiratory vs. feces), the type of infection (e.g., salmonellae vs. homophiles influenza virus vs. HIV), and the integrity of the skin that is contaminated.

**Procedure**
1) Always, wash the contaminated area of your body immediately with soap and water.
2) If the mucous membranes (i.e., eye or mouth) are contaminated by a splash of Potentially infectious material or contamination of broken skin occurs, irrigate alternatively, wash area thoroughly.
3) If a cut or needle injury occurs, wash the skin thoroughly with soap and water. In instances where broken skin or mucous membranes, or a needle puncture occur, the caregiver should document the incident.
4) The person who was exposed to the blood borne pathogen should contact his/her supervisor/main office and proceed according to Harrisonburg City School policy.

**Resources**

Virginia Department of Health and Virginia Department of Education.