

## UNIVERSAL PRECAUTIONS INTERIM GUIDELINES – OVERVIEW

These interim guidelines are intended to be consistent with guidelines published as a Joint Advisory Notice of the Department of Labor and Department of Health and Human Services (Federal Register Vol. 52, No. 210, October 30, 1987), proposed rules of the Department of Labor (29 CFR Part 1910, November 27, 1987), and guidance from the Centers for Disease Control (CDC) (MMWR Vol. 36, August 21, 1987, and MMWR, Vol. 37, June 24, 1988). It is not the intent of these guidelines to mandate protection from all possible or theoretic exposures to blood or visibly blood contaminated body fluids. Rather, the intent is to provide guidelines for protection from predictable exposure to blood or visibly blood contaminated body fluids, regardless of known or suspected HIV serologic status. These guidelines represent minimum precautions and employers are free to utilize more stringent policies for the protection of their workers.

The human immunodeficiency virus (HIV), the causative agent of AIDS, is transmitted through direct contact with blood, through sexual intercourse or perinatally from an infected pregnant woman to the baby she is carrying. Blood, semen, vaginal secretions, and possibly breast milk are the only body fluids known to transmit HIV. Universal precautions also apply to tissues and to the following fluids: cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The risk of transmission of HIV and HBV from these fluids is unknown, epidemiologic studies in the health care and community settings are currently inadequate to assess the potential risk to health care workers from occupational exposures to them. However, HIV has been isolated from CSF, synovial, and amniotic fluid (6-8), and HBsAG has been detected in synovial fluid, amniotic fluid, and peritoneal fluid (9-11). One case of HIV transmission was reported after a percutaneous exposure to bloody pleural fluid obtained by needle aspiration (12). Whereas aseptic procedures used to obtain these fluids for diagnostic or therapeutic purposes protect health care workers from skin exposures, they cannot prevent penetrating injuries due to contaminated needles or other sharp instruments.

Employees must protect themselves from direct exposure to blood or body fluids that are visibly contaminated with blood to prevent exposure to HIV. However, many potentially serious communicable diseases, such as hepatitis, are transmitted by body fluids such as saliva, urine or feces, regardless of contamination with blood. For this reason, it is strongly recommended that precautions be taken to prevent direct contact with all body fluids of all persons, whether or not the body fluids are visibly contaminated with blood.

1. Sterile gloves shall be worn for procedures involving contact with normally sterile areas of the body.

2. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.

Examination gloves should be worn at least in situations where direct contact with blood or body fluids that are visibly contaminated with blood is likely. Examples of such situations include but are not limited to: invasive or surgical procedures; performing oral hygiene; providing wound or decubitus care; cleaning up blood contaminated vomitus, urine, or feces; and handling items or surfaces soiled with blood or blood contaminated body fluids.

Examination gloves are not necessary for contact with intact skin or for handling unsoiled objects previously in contact with or handled by others.

3. Examination gloves shall be removed and discarded after contact with each patient, fluid, item or surface. Hands should be washed immediately after gloves are removed. A new set of gloves should be used for contact with each person. Gloves should never be washed or wiped with any substances as this damages their integrity and increases permeability.
4. Experienced professional, phlebotomists who are judged by their employer to have excellent technique may be permitted by the employer to use their judgment as to whether gloves are necessary or not on an individual basis.

However, employees with permission not to wear gloves shall be permitted to wear gloves at their discretion. Employers cannot deny any employee the right to protective equipment.

The employer shall document this permission for individual employees to be exempt from wearing gloves. Any change, e.g., withdrawal of permission, shall also be documented.

Even if an employee has permission not to wear gloves, gloves must be worn if hands are chapped, scratched, or with non-intact skin. Also, if infection control measures requiring gloves and other protective equipment are in effect for a specific patient, these infection control measures supercede any general exclusion allowed to phlebotomists under these guidelines. For example, if a physician has ordered a patient to be in "strict isolation", this order prevails and all health care providers, including phlebotomists, should comply with the physician's order.

5. Gloves must be readily available at all times. Hands shall be washed in between each client whether gloves are worn or not.
6. Use general-purpose utility gloves (e.g., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument

cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked or discolored, or if they have punctures, tears, or other evidence of deterioration.

7. Eye protectors (goggles, glasses or shields) and face masks shall be worn for all tasks or procedures that are likely to generate sprays or splashes of blood/body fluids.
8. Impervious gowns or aprons shall be worn during all tasks or procedures that are likely to generate sprays or splashes of blood/body fluids.
9. Needles and other sharp objects shall be placed in a puncture resistant container immediately after use. Needles shall not be recapped, bent, or broken prior to disposal.
10. Healthcare workers with weeping or exudative lesions or dermatitis, which cannot be securely covered, shall refrain both from direct patient care and from handling clean or soiled patient equipment.
11. Persons whose tasks include participation in cardiopulmonary resuscitation (CPR) should use a one-way mask when performing mouth-to-mouth resuscitation.
12. Linen, clothing or other materials that are visibly contaminated with blood or body fluids shall be placed in bags or containers that are impervious to moisture before transport for cleaning. Gloves should be worn while bagging these materials.
13. Blood and other visibly blood contaminated specimens of bloody fluids or tissues shall be handled in accordance with Infectious Waste rules adopted by the Indiana State Board of Health under IC 16-1-9.7.
14. Any abuse of these guidelines should be reported to the Office of Legal Affairs, Indiana State Board of Health.